

APPLICATION FOR CITY OF INDEPENDENCE HARDSHIP RATES FOR WATER, SEWER & TRASH SERVICE

Please answer all the questions. The information is necessary to determine eligibility for the program and for required statistical records.

1. Address of House _____ . Phone: _____
Independence, Ks 67301

2. List all person(s) (including yourself) who are residing in the household, whether related or not related.

Name	Date of Birth	Social Security #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Annual Household Income for previous 12 month period \$ _____

4. List **all sources of income** for the household (include both employment and benefits received.)

Source (Name of Employer/Agency)	Name of Recipient	Monthly Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you own or rent this home: ___ Own ___ Rent

6. How long have you owned your home? _____

7. How long have you lived at this residence? _____

8. If you rent, who is your landlord? _____

Address _____ Phone: _____

Signature of Applicant

Date

Signature of Spouse/Co-Tenant

Date



