



Residential Low Income Discount for Water and Wastewater Service

240 Lincoln St., Lander Wy 82520

(307)332-2870

Account # _____

Name _____

Address _____

Date of Birth _____ Married _____ Single _____ Divorced _____ Widow _____

Spouse Name _____

Address _____

Date of Birth _____ Do You: Own Home _____ yes _____ no

Do you reside in the city limits of Lander? _____

Are you employed? _____ yes _____ no Employed by: _____

Is your spouse employed? _____ yes _____ no Spouse Employed by: _____

What is your current monthly income? _____

What is your spouse's monthly income? _____

How many people living in residence? _____

Ages: _____, _____, _____, _____, _____

Annual gross income for previous year for all residents over 18 years \$ _____

☐ I understand if I qualify I will be required to re-apply and renew my application on annual basis, no later than April 30th of each year.

☐ I further understand that this program is available pursuant to Resolution 1281, which details the requirements to qualify, and that the City of Lander reserves the right to change, modify, amend, or eliminate the Residential Low Income Discount program for water and wastewater service at anytime including, but not limited to mid-year.



Residential Low Income Discount for Water and Wastewater Service

240 Lincoln St., Lander Wy 82520

(307)332-2870

☐ I certify and declare under penalty of perjury that I have read this document and the answers contained in the foregoing questions and attachments provided by me are true and correct and I understand that willful misrepresentations may result in discontinued service, fines and jail sentences.

Signed _____ Dated: _____

Subscribed in my presence and sworn to before me this _____ day of _____, 20____.
Witness my hand and official seal.

My commission expires:

Notary Public

I certify that the above applicant's information has been verified and does hereby qualify for senior citizen, disabled and/or low-income utility billing rates.

City of Lander



Residential Low Income Discount for Water and Wastewater Service

240 Lincoln St., Lander Wy 82520

(307)332-2870

LIST TOTAL MONTHLY INCOME FOR CURRENT YEAR

Please provide information for all individuals over the age of 18 residing in the household in order to process the application.

	APPLICANT	ADDITIONAL HOUSEHOLD MEMBER(S)
A. Wages	_____	_____
B. Receipts from Earnings	_____	_____
C. Self-Employment Earnings	_____	_____
D. Rents Received	_____	_____
E. Interest Received	_____	_____
F. Dividends & Annuities	_____	_____
G. Trusts	_____	_____
H. Pension	_____	_____
I. Alimony & Support Payments	_____	_____
J. Public Assistance	_____	_____
K. Social Security	_____	_____
L. Veterans Benefits	_____	_____
M. Disability Payments	_____	_____
N. Unemployment Compensation	_____	_____
O. Native American Per Capita	_____	_____
P. Other Retirement Income	_____	_____
Q. Other Sources of Revenue	_____	_____
TOTAL INCOME	_____	_____
TOTAL COMBINED INCOME	_____	

Please attach a copy of the past two years tax returns or Social Security Benefit Statements for all individuals over age 18 to this form.