## CLAYTON COUNTY WATER AUTHORITY LOW INCOME DISCOUNT PROGRAM

Applicant's Name:			
Address:			
on'd			
Date of Birth:		Number in Household:	
Account Number:		Contact Phone Number:	
To be eligible for the	low income discount program, appl	icants must meet the follow	ving requirements:
o 150% I	Federal Poverty Level Guidlines		
In addition the custor	ner will also need to provide one of	each of the following requi	red documents:
Acceptable proof of i	ncome includes:		
o Income	e tax or W-2		
o Bank Statement			
Acceptable proof or r	esidency includes:		
o Current Leasing agreement			
o Deed			
o Current Mortgage Statement			
o Stateme Landlor	ent or Letter from rd		
Authority. If the app sewer base charges.	am applying for the Low Income D dication is approved, the program w The information associated with the d belief, true, correct, and complete.	rill provide a monthly disco	ount of \$5.00 on water and
Signature		Date	

