



**TOWN OF NORTHBOROUGH  
PUBLIC WORKS DEPARTMENT**

63 Main Street, Northborough, MA 01532 T: (508) 393-5030 F: (508) 393-6996

**LOW INCOME DISCOUNT APPLICATION**

for  
**RESIDENTIAL WATER SERVICE BASE CHARGE**

**A**

**Applicant:** (Please print)

\_\_\_\_\_ Date: \_\_\_\_\_  
Full Name

\_\_\_\_\_ Unit/Apt. No: \_\_\_\_\_  
Address:

\_\_\_\_\_ Acct. No.: \_\_\_\_\_  
Tel. (\_\_\_\_\_) \_\_\_\_\_  
Including Area Code and Extension

**B**

**Qualifications/Requirements:**

The Applicant will be required to reapply and verify qualification status every year as of January 1st. Otherwise, all quarterly charges shall apply. To be eligible for the discount the Applicant must meet the following requirements. Please check the appropriate box below:

- | Yes                         | No                       |  |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | You (Applicant) are a residential customer.  |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | You (Applicant) must be a Northborough resident who receives water directly from the Town at your primary residence.   |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | You (Applicant) must be currently enrolled in one of the following qualifying low income discount programs. <u>Proof of benefit eligibility within the last 90-(calendar) days must be attached.</u> |
|                             | <input type="checkbox"/> | Low Income Energy Assistance   |
|                             | <input type="checkbox"/> | Home Energy Assistance   |
|                             | <input type="checkbox"/> | Public Housing Benefit   |
|                             | <input type="checkbox"/> | Veterans' Service Benefit  |
|                             | <input type="checkbox"/> | Veterans' DIC Surviving Parent or Spouse   |
|                             | <input type="checkbox"/> | Veterans' Non-Service Disability Pension   |
|                             | <input type="checkbox"/> | Women, Infants and Children  |

**C**

**Affidavit:**

I affirm that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Full Name (Please print)

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant

**F**

**Approval: Northborough Public Works Department**

Approved  Not Approved Comment: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Public Works Director