



**Finance Department**  
**76 Erie Street • Bisbee, Arizona 85603**  
**FAX (520) 432-6069 • Phone (520) 432-6005**  
**Email: eromero@bisbeeaz.gov or aocoronado@bisbeeaz.gov**

**Application For Low Income Sewer and Garbage Discount**

You may be eligible for a discount on your sewer bill if your total household income from all sources is less than the federal poverty income level, for a two-person household, you own your home and can provide the required proof of income.\*

PLEASE PRINT

\_\_\_\_\_  
 Name Spouse's Name

\_\_\_\_\_  
 Service Address

\_\_\_\_\_  
 Mailing Address (if different from service address)

\_\_\_\_\_  
 Telephone Number(s)

\_\_\_\_\_  
 Names and ages of all other persons residing at service address

\_\_\_\_\_  
 Total Income for each member of your household, for all sources for the prior calendar year:

\_\_\_\_\_  
 If the amount of this income has changed since the end of the prior calendar year, please explain and itemize:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 If you or any members of your household receive any salary, child support, interest or rental income, dividends or benefits through TANF, SSI, SSP, Social Security, Veteran's Disability, unemployment or retirement, please identify the recipient and itemize the amount of each such payment:

\_\_\_\_\_

\_\_\_\_\_  
 If you or any member of your household has been subject to any event or circumstance that severely limits or prevents you being able to pay the full sewer rates, please explain these circumstances:

\_\_\_\_\_



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**or**  
**mguerrero@bisbeeaz.gov**

**THIS APPLICATION MUST BE NOTARIZED IN ORDER TO BE CONSIDERED**

**I hereby certify under penalty of perjury that the information on this form is true and correct. I understand the conditions for receiving this Low Income Sewer Discount and I hereby verify I am eligible.**

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.

My commission expires on \_\_\_\_\_

\_\_\_\_\_  
 Notary Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

This form must be completed each year in order to receive discount

**\*Please present copies of your most recent state and federal income tax returns and payment records confirming the amounts listed above with your application. These records will be returned to you following review of this application.**

**FOR CITY USE ONLY**

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Received by \_\_\_\_\_

Date Stamp \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

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