



CITY OF APALACHICOLA  
WASTE WATER (SEWER) - SUF  
Assistance Program Application

Please return this  
form to CITY HALL

The Board of Commissioners of the City of Apalachicola has voted to provide relief to qualified, low income, senior citizens and disabled persons who apply and meet the requirements for participation in the program. Each approved customer will receive a credit of \$10.00 per month, through September, 2021. This credit will appear in a reduction of the SUF charge from \$29.00 per month to \$19.00 per month.

The information collected in this application will be used in determining if you qualify for participation in the WASTE WATER -SUF - Assistance Program. This program is for residential customers who receive waste water / sewer services from the City of Apalachicola. Account holder must be person making application for assistance. Applicant must be 65 years of age or older or a disabled individual. Applicants income from all sources must not exceed \$16,000.00 per household per year for an individual or \$24,000.00 per year for two persons over 65 per household per year.

**Personal Information**

name of account holder \_\_\_\_\_

account number \_\_\_\_\_

service street address \_\_\_\_\_

signature \_\_\_\_\_

Is the account holder 65 years of age or older?  Y  N

The applicant certifies that all information provided to the city for participation in the program is correct. Submission of false or inaccurate information will result in disqualification from program participation. All sources of income must be disclosed.

How many persons in household are 65 years of age or older? #

Are you disabled?  Y  N

Describe type of disability.

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

What is your total monthly household income from all sources?

Provide documentation for please provide all of the following documents for all income earned:

If disabled: Proof of Disability

If employed: Two recent pay stubs

Other: Documentation of award for pension, retirement, VA, Unemployment, Worker's Compensation, Social Security and/or Other income

For Office Use only

Y N

Is applicant a residential account?

Is applicant a current Apalachicola Water & Sewer customer?

Has required paperwork been submitted?

Are low income requirements met?

SUF Credit Authorized

by: \_\_\_\_\_

date: \_\_\_\_\_