

Date Account Adjusted:

## APPLICATION FOR LOW-INCOME SENIORS \$420.00 WATER/WASTEWATER REBATE

Application must be completed each year and received by our office by <u>May 1</u> to apply for the previous year's rebate. Note: to qualify for this rebate, the annual water/wastewater consumption must be 100m³ or less for the prior year. Please submit proof of income with application. Rebate will be applied to your water/ wastewater account upon approval.

Part A - Property (Property for which the application is being made)	
Property Address:	Year:
Water Account No:	
Part B - Applicant	
Owner:	Date of Birth (YYYY/MM/DD):
Spouse (if applicable):	Date of Birth (YYYY/MM/DD):
Phone: Email	:
Part C - Declaration  I declare the following to be true, to the best of my knowledge:	
<ul> <li>a) I, or my spouse, is 65 years of age or older; and</li> <li>b) I, or my spouse, have been assessed as owner(s) of a residential property in the City of Welland for at least one year preceding the application; and</li> <li>c) I, or my spouse, use the property referred to in Part "A" for the purposes of a personal residence; and</li> <li>d) I, or my spouse, am in receipt of a monthly Guaranteed Income Supplement pursuant to Part II of the Old Age Security Act (Canada).</li> <li>I have attached either a copy of my Guaranteed Income Supplement Entitlement letter or a copy of my T4OAS Statement for the prior year. I understand my application will be denied if not attached.</li> </ul>	
Year / Month / Day Signatur	re of Applicant
FORWARD COMPLETED APPLICATION & SUPPORTING DOCUMENTATION TO CITY OF WELLAND	
In-Person/ Mail: 60 East Main Street, Welland, ON L3B 3X4 Attention: Finance Division  E-Mail: finance@welland.ca	
Fax: 905-732-1919	
Part D - Verification FOR OFFICE USE ONLY  Ownership Confirmed full Year: □ YES □ NO Date Letter Mailed:	