



UTILITY BILLING DEPARTMENT
6601 EAST HIGHWAY 22, CALLAWAY, FL 32404
PHONE: (850) 871-6000
WWW.CITYOFCALLAWAY.COM

SENIOR CITIZEN DISCOUNT APPLICATION

(PLEASE PRINT OR TYPE)

UTILITY ACCOUNT NUMBER: _____

NAME ON ACCOUNT: _____

ACCOUNT ADDRESS: _____

PHONE NUMBER: _____

REQUIRED DOCUMENTATION (PLEASE CHECK ONE)

HOMEOWNER

_____ Attached copy of latest property tax notice showing additional senior exemption.
Must be utility account holder's name.

NON-HOMEOWNER

_____ Attached copy of latest Federal income Tax Return Form 1040 for all members
of the household.

_____ Attached copy of latest Social Security Statement (SSA 1099) for all member of
the household. (Excluding renters and boarders.)

CERTIFICATION

I hereby make application for the low-income senior citizen discount for utility services provided by the City of Callaway. I hereby affirm and certify that I am at least 65 years old and that the total adjusted gross income of all persons living in the household does not exceed the adjusted gross income as defined in code 26 U.S.C. 62 of the Internal Revenue Services as a homeowner OR F.S.196.075 as a renter.

DATE

SIGNATURE

Because qualification is based on income for a particular year, you must re-apply each year before March 1st. Renewals will be mailed prior to renewal date.