

2025 APPLICATION FOR LOW-INCOME ELDERLY RATES

Please check only one:

☐ I am at least 60 (sixty) years of age and my annual **income from all sources for 2024** was less than \$16,566.00.

☐ I am at least 60 (sixty) years of age and I filed as **HEAD OF HOUSEHOLD** on my 2024 tax return, and my household **income from all sources for 2024** was less than \$22,484.00.

****To qualify as Head of Household, you must meet the IRS criteria for Head of Household filing status and submit a copy of your FEDERAL tax return with this application.***

Applicant must be a permanent resident at the service location. A legal document (signed lease, driver's license, official mail, etc) with applicant's name and service address must accompany this application.

Date ____/____/____ Daytime Phone ____-____-____ SS # ____-____-____

Name _____

Date of Birth ____/____/____ Email _____

Service Location _____

Total number of residents at this location: _____

Names and Birthdates for all household members (other than accountholder):

_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth

By my signature, I attest that the information provided above is true and accurate. *I understand that any **misrepresentation** on this application, or failure to submit **accurate** and **complete** supporting documents will cause my application be treated as a **fraudulent claim**, disqualifying me from this program.*

Signature _____

Please note: **Verification of age, residency, total income, and IRS filing status documentation (if head of household) must accompany this application. **Partial or incomplete submissions will not be processed.****

Return completed form:

By mail:

City of Lawrence
PO Box 708
Lawrence, KS 66044

In Person:

City Hall
Utility Billing Department
6 East 6th Street, Ground Floor

By E-mail:

utilitybilling@lawrenceks.org