

**CERTIFICATION OF ELIGIBILITY FOR SENIOR CITIZEN/DISABLED RATE OF THE
HACKETTSTOWN MUNICIPAL UTILITIES AUTHORITY**

The undersigned hereby certifies as follows:

1. He/she resides at _____ and is a customer of the HMUA and the occupant of a dwelling receiving water and/or sewer service from the HMUA.

2. The undersigned certifies that he/she and any other occupant of the premises is/are over the age of 65 years, or he/she and any other occupant of the premises is/are disabled according to the provisions of the federal Social Security Act, 42 U.S.C. § 301 et seq., or disabled under any federal law administered by the United States Department of Veteran's Affairs, and the disability is rated at 60% or higher.

3. The undersigned hereby further certifies to the following (**check appropriate box**):

Each resident has an income of \$10,000.00 or less per year (\$20,000 for a married couple filing jointly), exclusive of benefits under any one of the following:

a. The federal Social Security Act, 42 U.S.C. §301 et seq., and all amendments and supplements thereto;

b. Any other program of the federal government or pursuant to any other federal law which provides benefits in whole or in part in lieu of benefits referred to in, or for persons excluded from coverage under subsection a. of this section including, but not limited to, the federal "Railroad Retirement Act of 1974." 45 U.S.C. §231 et seq., and federal pension, disability and retirement programs; or

c. Pension, disability or retirement programs of any state or its political subdivisions, or agencies thereof, for persons not covered under subsection a. of this section except that, the total amount of benefits to be allowed exclusion by any person under subsections b. or c. of this section shall not be in excess of the maximum amount of benefits payable to, and allowable for exclusion by, a person in similar circumstances under subsection a. of this section.*

Is eligible this year to receive assistance under the "Pharmaceutical Assistance to the Aged and Disabled" (PAAD) program, P.L. 1975 c.184. If the resident has checked this block, a copy of the documentation establishing eligibility to the PAAD program should be attached hereto.

This certification shall be effective for the period ending March 31st of next year. The undersigned shall be responsible for renewing this certification annually prior to April 1st. *Any customer who has not been recertified prior to April 1st shall be charged at the non-discount rate.*

The undersigned resident understands that the Hackettstown Municipal Utilities Authority will rely upon the representations made herein in order to grant a reduction in water and sewer user fees as a result of the utilization of the premises by a resident meeting the qualifications established above and gives this certification knowing that the owner will act in reliance thereon.

The undersigned hereby further certifies that the foregoing statements made by him or her are true and that the undersigned is aware that he or she might be subject to punishment if the same are false.

Date: _____

Signature: _____

Phone #: _____

Account #: _____

*The provisions contained herein may be amended from time to time to conform to changes that might hereafter be made by the New Jersey Legislature to the income threshold requirements at N.J.S.A. 40:14B-22.2.