

**CITY OF FRAMINGHAM
RENEWAL APPLICATION FOR
WATER AND SEWER DISCOUNT PROGRAM
FISCAL YEAR 2019**

Please complete all sections fully. Please print or type.

Name of Applicant/Property Owner/or Trust Beneficiary:

Date of Birth: _____ (Must be 65 years of age or older)

Applicant's Address: _____ Zip Code: _____

Telephone Number: _____

Type of Dwelling (check one): Single Family _____ Two Family _____ Three Family _____

Qualifying Adjusted Gross Income Limits:

(Please check one category based on your tax filing status)

A. \$45,000 for a single person

B. \$56,000 for a head of household

C. \$67,000 for taxpayers married: filing jointly

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete. I understand that applications may be audited at random to verify authenticity of information provided.

Signature of Applicant: _____ Date: _____

If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer.

Your application must include Proof of ownership. A copy of the real estate tax bill with the owner(s) name must be provided. If the property is in a trust, a copy of the trust and schedule of beneficiaries must be submitted. The owner(s) applying for the discount must be listed as beneficiary of the trust to be considered eligible.

**Please return the completed application and supporting documentation to:
Public Works Department, City Hall, 150 Concord Street, Room 213, Framingham,
MA 01702**

**If you need assistance with this application please call the Public Works Office at
508-532-5605**

For Office Use Only

Date:

Action:

Initials: