

APPLICATION FOR CITY OF INDEPENDENCE HARDSHIP RATES FOR WATER, SEWER & TRASH SERVICE

Please answer all the questions. The information is necessary to determine eligibility for the program and for required statistical records.

1. Address of House _____ Phone: _____
Independence, Ks 67301

2. List all person(s) (including yourself) who are residing in the household, whether related or not related.

Name	Date of Birth	Social Security #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Annual Household Income for previous 12 month period \$ _____

4. List all sources of income for the household (include both employment and benefits received.)

Source (Name of Employer/Agency)	Name of Recipient	Monthly Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you own or rent this home: Own Rent

6. How long have you owned your home? _____

7. How long have you lived at this residence? _____

8. If you rent, who is your landlord? _____

Address _____ Phone: _____

Signature of Applicant _____ Date _____

Signature of Spouse/Co-Tenant _____ Date _____

SEE OTHER SIDE



TO SPEED UP THE APPLICATION PROCESS, PLEASE PROVIDE DOCUMENTATION OF THE FOLLOWING WITH APPLICATION:

INCOME SOURCES:

Employment:

- 6 weeks of most recent pay stubs

Child Support:

- Provide "Court Order Number" and county awarded in, or
- Current statement with current information

Agency Awards:

- Current Social Security Award Letter
- Current statement of DCF cash assistance

Checking/Savings Account:

- Current statement

CD's and Investments:

- Current statement

Other Income:

- Current statement

2023 Hud Income Limits

# In Household	1	2	3	4	5	6	7	8
Income Limit	\$19,200	\$21,950	\$24,700	\$27,450	\$29,650	\$31,850	\$34,050	\$36,250

PLEASE RETURN THIS COMPLETED FORM ALONG WITH PROOF OF INCOME FROM ALL SOURCES TO:

CITY OF INDEPENDENCE
120 N 6TH
INDEPENDENCE, KANSAS 67301

