



**TOWN OF BUENA VISTA**

Post Office Box 2002  
Buena Vista, CO 81211  
Phone: (719) 395-8643  
Fax: (719) 395-8644

**2018 SENIOR DISCOUNTED WATER RATE APPLICATION**

Per the Buena Vista Municipal Code, Section 13-81 (e), residential water customers who qualify and are approved for the Senior Discounted Water Rate will receive a twenty-five percent (25%) discount on their monthly water service rate. Please note that this discount does not apply to any other fees, including the Storm Water Management Fee, that may be billed out on the monthly water bill.

Qualifying customers must:

- (1) Be sixty (60) years of age or older.
- (2) Be a full-time owner-occupant of the residence for which the discount is being sought. The discount does not apply to any other property owned by a qualifying customer.
- (3) Have a total household income at or below one hundred and thirty percent (130%) of the Gross Federal Poverty Level based on household size (see chart below).
- (4) Complete an application and submit it, along with proof of income, to the Town Administrator for approval by April 1 in each year in which the discount is sought. The discount will begin with the bill for April usage. All qualifying customers must re-apply every year.

**Income Guidelines:**

Household Size	Income		Household Size	Income	
<b>ONE</b>	\$15,782.00 - Annual	\$1,315.17 - Monthly	<b>THREE</b>	\$27,014.00 - Annual	\$2,251.17 - Monthly
<b>TWO</b>	\$21,398.00 - Annual	\$1,783.17 - Monthly	<b>FOUR</b>	\$32,630.00 - Annual	\$2,719.17 - Monthly

**PLEASE COMPLETE ALL FIELDS AND PROVIDE CURRENT PROOF OF INCOME INCLUDING SOCIAL SECURITY, RETIREMENT PENSION AND ANY OTHER INCOME FOR ALL PERSONS IN THE HOUSEHOLD. Please return this application to the Town of Buena Vista at the address listed above or return it in person to Town Hall at 210 E. Main.**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTH DATE OF HEAD OF HOUSEHOLD: \_\_\_\_\_

TOTAL HOUSEHOLD INCOME: \_\_\_\_\_ NUMBER OF PERSONS IN HOUSEHOLD \_\_\_\_\_

I hereby certify that the information provided in this application is true and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>For Town Use Only:</b></p> <p>Date Received: _____ Account Number: _____ Effective Date: _____</p> <p>Approved: _____ Denied: _____ Reason: _____</p> <p>Signature of Town Administrator: _____</p>
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