



### Application for Senior or Disabled Discount

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Sardis Account #: \_\_\_\_\_

1. Is the applicant the primary account holder?      Yes \_\_\_\_\_      No \_\_\_\_\_
2. Is the applicant 65 years of age or older?      Yes \_\_\_\_\_      No \_\_\_\_\_
3. Is the applicant certified as 100% disabled by the Social Security Administration or Veterans Administration?      Yes \_\_\_\_\_      No \_\_\_\_\_

If you answered "Yes" to at least 2 of the questions above **and** you own & occupy a residence associated with your account, you are eligible for the Senior or Disabled Citizens Discount! The discount will be the stated percentage or amount adopted by the Board of Directors and included in the Tariff of the Corporation. Proof of eligibility must be provided by presenting a copy one of the following:

1. A valid driver's license or state-issued identification card
2. Certification from the Social Security Administration
3. Certification from the Veterans Administration

The Corporation has the authority to review all accounts and verify continued eligibility in the future and may request an applicant to re-apply in subsequent years.

"I have read this document and certify my answers as true and correct"

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Approved by Name/Title

\_\_\_\_\_  
Approved by Signature