



**City of Laramie**  
Administrative Services  
P.O. Box C  
Laramie, Wyoming 82073  
307-721-5222

Dear Citizen:

We are excited to announce that the council passed ordinance 1547A to establish Low Income Affordable Water Rates.

Applicants who qualify will be able to receive their first 6,000 gallons (or 6 units) per month of water usage FREE.

**ELIGIBILITY REQUIREMENTS:**

- The applicant must be of age 65 or more; or must be receiving social security or disability benefits.
- The applicant must reside at the address for at least nine months per year.
- Municipal utilities must be billed to the applicant.
- Combined household income cannot exceed \$16,520 per year for all household members age 18 and over.

If you meet these qualifications, please complete the following application and provide the City of Laramie with copies of the preferred documents. If you have any questions, please call the Utility Billing Department at 721-5222.

Sincerely,

Utility Billing  
City of Laramie



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**1. HOW TO QUALIFY FOR LOW INCOME / DISABILITY WATER RATES?**

If you have met the qualifications, please complete the applications and bring a copy of W2 tax return.

**2. HOW TO QUALIFY IF I DO NOT FILE INCOME TAX RETURNS?**

Please provide us with a copy of a social security check stub.

**3. HOW DO I QUALIFY FOR A REDUCED RATE IF I AM DISABLED?**

If you are applying for a reduced rate based on your disability, please attach proof from Social Security that you have been determined to be disabled and that you qualify for Social Security payments.

Applicants under age 65 must provide a letter or other documentation from the Social Security Administration demonstrating that they are disabled and receiving disability payments.

**4. HOW DO I KNOW IF I QUALIFY?**

The City will send you a notice in the mail on your qualification.

**5. WHEN WILL THIS TAKE EFFECT?**

After approval, the rate established by this ordinance begins with the first day of the billing quarter after the application is approved.

**6. HOW OFTEN IS THE RENEWAL?**

The City of Laramie may request re-application to verify eligibility not more frequently than annually. Re-application notices will be sent out before July 1<sup>st</sup> annually.

**7. WHAT HAPPENS IF I NO LONGER QUALIFY?**

Households receiving the rate established by the ordinance shall report to the City of Laramie any change in circumstance.



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**APPLICATION FOR SENIOR CITIZEN / DISABILITY UTILITY RATE  
 CITY OF LARAMIE, WY**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **NEW:** \_\_\_\_\_ **RENEWAL:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **SPOUSE BIRTHDATE:** \_\_\_\_\_

**BIRTHDATE OF OTHER PERSONS RESIDING IN HOUSEHOLD AND RELATIONSHIP:**

Name / Date of Birth	Relationship

**INCOME FOR PREVIOUS YEAR**

**\*\*\*Do not include DPASS, LIEAP, SSI or other GOVT. Subsidies\*\*\***

	Yourself	Spouse
<b>Wages: (Attach W-2)</b>		
<b>Wages of other residents:</b>		
<b>Interest Income:</b>		
<b>Rent, Royalties, Oil Leases, Share Crop Government, Ag Payments</b>		
<b>Other Income:</b>		

**Are you required to file income tax? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

I certify that the above information and attachments provided by me is true and correct to the best of my knowledge and I understand that willful misrepresentation will result in loss of discount.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

<i>For Official Use Only:</i>	<i>Comments:</i>
Approval / Disapproval	
Pending:	