



TOWNSHIP OF SOUTH BRUNSWICK

Municipal Building P.O. Box 190 Monmouth Junction, NJ 08852-0190

Phone
732-329-4000
TDD
732-823-3965
Fax
732-329-4202

November 1, 2023

Dear Property Owner,

If you are a senior or disabled resident, you may be eligible for the utility discount program. If approved, you will receive a 20% discount on your utility bill.

Eligibility Requirements:

- Must be 65 or older or totally and permanently disabled.
- Must show Proof of Age (photo ID) or Proof of Disability (award letter)
- You must be a full-time resident at the property. We reserve the right to request proof of residency. For those homeowners who have multiple residences, you must reside at this address *more than* 50% of the time and the bills should be mailed to that address.

Please return your completed application and required documentation to:

**South Brunswick Township
Water & Sewer Revenue Division Collector
PO Box 190
Monmouth Junction, N.J. 08852**

You may also scan and email your completed form to: utilityrev@sbtnj.net
Applications are also available on the township website: www.southbrunswicknj.gov

This application should be returned to us as soon as possible, but no later than **December 30, 2023**.

Should you have any questions, please contact the Water and Sewer Revenue Division for assistance at (732) 329-4000, extension 7333.

Regards,

Water/Sewer Revenue Division

2024 WATER AND/OR SEWER SENIOR/DISABLED DISCOUNT APPLICATION FORM

PLEASE READ, COMPLETE, SIGN, AND RETURN FORM TO THE WATER AND SEWER DIVISION COLLECTOR
P. O. BOX 190, MONMOUTH JUNCTION NJ 08852

MUST COMPLETE AND FILE THIS STATEMENT ANNUALLY.

ANY PERSON WHO OWNS & RESIDES AT THE DWELLING FULL TIME, & TO WHOM WATER/SEWER SERVICES ARE CHARGED, MAY BE ELIGIBLE FOR A DISCOUNT IF THEY ARE:

- A. Of the Age of 65 or more years
OR IS
- B. Less than 65 years of age and disabled according to the provisions of one of the following:
1. Permanently and totally Disabled According the provisions of the Federal Social Security Act, 42 U.S.C. Section 301 et seq.
OR
 2. Disabled under any Federal Law administered by the United States Department of Veterans Affairs if the Disability is rated as 60% or higher and is either:
 - a. Annually eligible to receive assistance under the "Pharmaceutical Assistance to the Aged and Disabled" (PAAD) program, P.L 1975, c.194 (C.30:4D-20 et seq); OR
 - b. Has a total income not in excess of \$10,000 per year exclusive of benefits under any one of the following:
 1. The Federal Social Security Act, 42 U.S.C Section 301 et seq. and all amendments and supplements thereto;
 2. Any other program of the Federal Government or pursuant to any other federal law which provides benefits in whole or in part in lieu of benefits referred to in, or for persons excluded from coverage under the Federal Social Security Act including, but not limited to the Federal "Railroad Retirement Act of 1974", 45 U.S.C. Section 231 et seq, and Federal pension, disability and retirement programs
 3. Pension, disability or retirement programs of any state or its political subdivisions, See SB Code Section 114-33.

AFFIRMATION OF ELIGIBILITY

On a dwelling serviced for water and/or sewer supplied by the South Brunswick Municipal Utilities, County of Middlesex, known as:

BLOCK: _____ **LOT:** _____ **Account Number:** _____

Property Address: _____

Property Owner #1: _____ **Birthdate #1:** _____

Property Owner #2: _____ **Birthdate #2:** _____

Owner's phone #: Area Code (____) _____ **Owner's E-mail:** _____

I, _____, hereby declare that: **NEW APPLICANT:** _____
RENEWAL: _____

_____ 1. I (we) own and reside at the above mentioned property address.

_____ 2. I (we) am/are 65 years of age or more:

OR

_____ 3. I am less than 65 years of age, but am disabled under the one of the above provisions:

_____ a. Permanently and Totally Disabled under the Federal Social Security Act

_____ b. Disabled under any Federal Law administered by the US Department of Veterans Affairs

***Complete If you checked 3b: I hereby declare that I

_____ 1. Am eligible to receive assistance under the PAAD Program or

_____ 2. Have a total **annual** income not in excess of \$10,000 exclusive of the allowable benefits for the year in which the water and/or sewer deduction was granted with respect to the property described herein for

The year 2023, I DID _____ DID NOT _____ EXCEED \$10,000 dollars.

The year 2024, I anticipate that I WILL _____ WILL NOT _____ exceed \$10,000 dollars.

I (we) hereby certify that the foregoing declarations are true to the best of my(our) knowledge and belief and I(we) fully understand that such declarations will be considered as if made under oath, and shall be subject to the penalties provided by law for perjury.

DATE: _____ **Signature of Claimant #1:** _____

DATE: _____ **Signature of Claimant #2:** _____

NOTE: Failure to file this statement with the collector or failure to submit any additional proof of income, which may be required by the collector, or a determination that claimant's income during the billing year exceeded the applicable limit, will result in disallowance of the deduction granted from the water / sewer with respect to the applicable billing year or may jeopardize the continuation of the water and/or sewer deduction for the current billing year. Claimants who fail to comply herewith or whose income exceeds the applicable limit during the applicable billing year will be required to repay the amount of the deduction granted, on or before the 1st billing quarter of the current year and if unpaid, the said amount shall constitute a lien on the property and in addition become a personal debt of the delinquent claimant or, where an extension of time for filing has been granted no later than 30 calendar days after the expiration of said extension, after which time if unpaid, said water and/or sewer billing shall be delinquent, constitute a lien on the property, and in addition, the amount of said water and/or sewer shall be a personal debt of said person.

For Office Use Only: User Msg: _____ Notes: _____ D75: _____ D01: _____ SSQ: _____

Block _____ **Lot** _____ **Account Number:** _____

Approved: _____ **Date:** _____

Denied: _____ **Date:** _____

Reason for Denial: _____