



City of Kent

Utility Billing
319 S. Water Street
Kent, OH 44240
(330) 678-8104

Senior/Disabled
Income Based Discount

Account Number: _____

Name: _____

Address: _____

Phone: _____

Driver's License No. _____

Age: _____ **Birth Date:** _____
(Minimum age of 62 to qualify for senior discount)

Total Annual Household Income: _____

Attach a copy of your most recently filed federal income tax form 1040, or a copy of annual social security or retirement benefits. The submitted form must show the adjusted gross income (AGI).

I hereby declare that the information given in this application is true and complete. I understand that the falsification and/or withholding of any information requested to be furnished on said application is punishable by fine, imprisonment, or both. I further understand that I shall be required to make full repayment to the City of any funds discounted as a result of any falsification or withholding of information as mentioned above. By electronically signing this form you also agree to the terms and conditions noted.

Signature: _____ **Date:** _____

For water/sewer billing reduction , total household income not to exceed:

Single: \$27,950.00

Married: \$31,950.00

Please mail completed form to:

City of Kent
Utility Billing Office
319 S. Water Street
Kent, OH 44240
OR
Fax (330) 676-7584

Due to the sensitive information above, DO NOT email this form. Mail, fax or bring in to the Utility Billing Office.