



P.O. Box 420  
510 Seventh Street  
Altavista, VA 24517  
Phone (434) 369-5001  
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## **RESIDENTIAL UTILITY ACCOUNT HOLDERS**

Town of Altavista offers residential utility relief to customers who qualify and file an annual application.

The program provides for a 30% discount of the “Base Rate Fee” that appears on your quarterly utility (water/sewer) bill. To be eligible you must meet certain criteria and submit the necessary application and information.

### **Criteria:**

- **Be at least 65 years of age** *(for exception see Note below)*
- **Annual household income of \$35,000 or less; and**
  - **Net worth does not exceed \$82,000**

*NOTE: (If permanently and totally disabled, age requirement not required but household income and net worth tests are both required.)*

*If you have any questions or need assistance, please contact  
Town Hall at (434) 369-5001.*

On the reverse side of this page you will find a “General Information” sheet that will assist you. Also attached are the application and the two sided Financial Statement Worksheet for the Utility Billing Discount Program. If you have applied and been granted Real Estate Tax Relief from Campbell County and are a utility account holder in Altavista, you may already be eligible. Should you have any questions or need assistance please contact Town Hall at (434) 369-5001.

# Town of Altavista Residential Utility (Water/Sewer) Discount Program

## GENERAL INFORMATION

Eligible Town of Altavista residential utility customers can receive a discount of 30% of the “base rate fee” that is applied to their quarterly utility bill. This program will be effective with the billing period that begins on December 1<sup>st</sup> (bill will be received in early April). **Account must be in the name of the occupant of the residence.**

### How to Qualify:

In general, a customer must meet an AGE qualification, an INCOME test and a NET WORTH test. In order to qualify, a customer must:

- Be at least 65 years of age (*see the One Exception below*)
- Have an annual “household” income of \$35,000 or less; and
- Have a net worth that does not exceed \$82,000

The INCOME TEST includes “all income” from all people who live in the home. The applicant may exclude the first \$10,000 of income of each relative who also lives in the home. When considering the income test, you should include earned wages, pension payments, social security, interest, dividends, etc.

The NET WORTH test includes the value of your assets such as stocks, bonds, savings & checking accounts, rental properties, land value in excess of one acre, vehicles, farm equipment, etc. It DOES NOT include the value of your home and up to one acre of land on which it sits.

In order to qualify you must meet each of the three (3) tests described above. **ONE EXCEPTION:** If you are not at least 65 years old, but you are permanently and totally disabled, you may still qualify as long as you can provide our office with a letter from the Social Security Office indicating that you are permanently and totally disabled and unable to engage in any substantial gainful employment because of your disability. **You MUST still MEET the INCOME and NET WORTH tests.**

### How to Apply:

If you believe you may qualify for the Town of Altavista’s Utility (Water/Sewer) Billing Discount Program, please fill out the enclosed application. Also, fill out both sides of the financial statement that is included. In addition to the application and financial statements please include copies of any W-2 wage statements, 1099-DIV, 1099-INT, 1099-MISC, 1099-R, and SSA-1099 Social Security Statements for **Tax Year 2021**. **Mail your application or drop it by Town Hall (inside or outside in the Drop Box) by February 1, 2023.** If you qualify, your April 2023 utility bill (water/sewer) will have the “base rate” reduced by 30%. If you have questions, please call Town Hall at (434) 369-5001. Discount requests must be filed annually.

**IF YOU ARE A HOMEOWNER AND HAVE QUALIFIED FOR CAMPBELL COUNTY REAL ESTATE TAX RELIEF, YOU MAY ALREADY BE ELIGIBLE FOR THIS DISCOUNT. WE WOULD ASK THAT YOU CONTACT TOWN HALL (434-369-5001) SO WE CAN CONFIRM YOUR ELIGIBILITY.**



**Town of Altavista**  
**APPLICATION FOR UTILITY (Residential)**  
**DISCOUNT PROGRAM FOR ELDERLY &**  
**DISABLED INDIVIDUALS**  
**TELEPHONE: (434) 369-5001**

**READ FIRST: If you are a resident of the Town of Altavista and have applied for and received APPROVAL from Campbell County for the "Tax Relief for the Elderly & Disabled", you are eligible for the Town's Utility Discount Program and will only need to complete this form and return. If you HAVE NOT APPLIED FOR THE CAMPBELL COUNTY PROGRAM, you will also need to complete the enclosed "Financial Statements" for the Town's Utility Discount Program.**

Applicant's Name: \_\_\_\_\_  
 Applicant's Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse's Name (if applicable) \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Utility Account Number: \_\_\_\_\_

LIST THE NAME OF ALL PERSONS, OTHER THAN YOUR SPOUSE, WHO ARE LIVING WITH YOU AT THE ADDRESS LISTED ON THIS APPLICATION. WRITE "NONE" IF THERE ARE NO OTHERS.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

OATH: I DECLARE UNDER THE PENALTIES PROVIDED BY LAW THAT THE INFORMATION IN THIS AFFIDAVIT AND ANY ACCOMPANYING SCHEDULES AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND COMPLETE.

*By my signature on this application, I acknowledge that I understand that the Utility Discount Program applications must be filed annually and that it is my responsibility to ask for an application if I do not receive one in the mail.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**Town of Altavista Utilities Billing Discount Program**

FINANCIAL STATEMENT FOR THE YEAR 2021

Sources of Household Income for Year 2021

Applicant's Name: \_\_\_\_\_

	APPLICANT	SPOUSE	RELATIVES LIVING WITH YOU	
			#1	#2
WAGES AS SHOWN ON YR2021 W-2 STATEMENT(S)				
TOTAL INTEREST EARNED ON ALL SAVING ACCOUNTS				
TOTAL INTEREST EARNED ON ALL CHECKING ACCOUNTS				
TOTAL INTEREST EARNED ON ALL CERTIFICATES OF DEPOSIT				
TOTAL DIVIDENDS EARNED ON ALL STOCKS AND BONDS				
TOTAL NET INCOME EARNED ON RENTAL PROPERTIES				
TOTAL PENSION INCOME				
TOTAL ANNUITY INCOME				
TOTAL ALIMONY				
TOTAL CHILD SUPPORT				
SOCIAL SECURITY INCOME AS SHOWN ON YR2021 SSA-1099				
SOCIAL SECURITY SUPPLEMENT				
TOTAL PUBLIC ASSISTANCE: SSI, Etc.				
PROFIT FROM SALE OF LAND, LIVESTOCK, STOCKS, BONDS, Etc.				
OTHER INCOME				
<b>TOTAL INCOME FOR EACH COLUMN:</b>				
	COLUMN A	COLUMN B	COLUMN C	COLUMN D

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED 2022 APPLICATION**

**PLEASE SEND COPIES - ORIGINALS WILL NOT BE RETURNED**

- All documents that relate to your household income for year 2021  
*Examples: SSA-1099 from Social Security, 1099-DIV, 1099-INT, 1099-MISC, 1099-R, W-2 from employer.*
- A copy of your most recent bank statement. If you have more than one bank account, please submit a statement for each account.

**FAILURE TO PROVIDE REQUIRED DOCUMENTATION WILL PREVENT QUALIFICATION.**

YEAR 2021 COMBINED NET INCOME →



**PLEASE COMPLETE THE OTHER SIDE OF THIS PAGE.**

**ASSETS (As of December 31<sup>st</sup>, 2021)**

	APPLICANT	SPOUSE	
BALANCE IN CHECKING ACCOUNT(S) AS OF December 31 <sup>st</sup> , 2021		\$	
BALANCE IN SAVINGS ACCOUNT(S) AS OF December 31 <sup>st</sup> , 2021		\$	
CERTIFICATES OF DEPOSITS (Including IRAs) (PRINCIPAL AMOUNT)		\$	
OTHER NOTES AND RECEIVABLES DUE		\$	
MARKET VALUE OF STOCKS AND BONDS		\$	
FAIR MARKET VALUE OF OTHER REAL ESTATE OWNED		\$	
FAIR MARKET VALUE OF AUTOMOBILES		\$	
TANGIBLE PERSONAL PROPERTY (We Use \$500.00 For Total)	\$500		
<b>TOTAL FOR EACH PERSON</b>			→ <b>COMBINED ASSETS (A)</b>

**LIABILITIES (As of December 31<sup>st</sup>, 2021)**

	APPLICANT	SPOUSE	
NOTES PAYABLE (Example: Total Amount Owed on Car)			
ACCOUNTS PAYABLE (Example: VISA, MC, Belk, etc.)			
TAXES OWED (Not Paid Yet)			
OTHER DEBTS OWED			
REAL ESTATE MORTGAGES OWED			
<b>TOTAL FOR EACH PERSON</b>			→ <b>COMBINED LIABILITIES (B)</b>

**NET FINANCIAL WORTH AS OF DECEMBER 31<sup>st</sup>, 2021**

(box A minus box B)



THE INFORMATION YOU PROVIDE IS USED SOLEY TO DETERMINE IF YOU ARE ELIGIBLE FOR THE UTILITY DISCOUNT PROGRAM.  
 THE INFORMATION YOU PROVIDE ON THIS FINANCIAL STATEMENT WILL NOT BE RELEASED BY US TO ANYONE ELSE FOR ANY PURPOSE!