



# CITY OF EL CAMPO

Est. 1905

## Application for Senior Discount or Disability Discount

\_\_\_\_\_ Senior Discount (Age 65 & Over)                      or                      \_\_\_\_\_ Disabled

The City of El Campo Utility Billing Department has developed a discount for Senior citizens (age 65 & over) & Disabled citizens. Qualified residents will receive a water and sewer rate discount on their primary residence. For current rates, please visit the City's website at [www.cityofelcampo.org](http://www.cityofelcampo.org) or contact Utility Billing at (979) 541-5000.

**GENERAL INSTRUCTIONS:** This application is for the use in claiming a Senior Citizen or Disability discount on your water and sewer rates. Senior Citizens must be sixty-five (65) years of age or older. Disabled customers must meet the requirements of this application. Only one discount will be given per customer, and is applicable only on the customer's primary residential residence. This program does not transfer to new accounts, an application must be resubmitted for a new discount.

**WHERE TO FILE:** This document and all supporting documentation must be filed with the City of El Campo Utility Billing Department.

**APPLICATION DEADLINES:** Supporting documentation is due at the time of the application and will be applied to the next billing cycle. The Senior Discount and Disabled Discount is susceptible to all rate changes approved by City Council.

**OTHER IMPORTANT INFORMATION:** To apply for the City of El Campo Senior Discount or Disabled Discount, you must complete the application and return it with a copy of the requested documents. An application can be obtained at the Utility Billing office at 315 E. Jackson St., by calling (979) 541-5000, emailing [utilities@cityofelcampo.org](mailto:utilities@cityofelcampo.org), or by visiting our website at [www.cityofelcampo.org](http://www.cityofelcampo.org). The Disability Discount is only valid for 1 year. Customers must complete and submit a new application in January each year. This information may be returned by one of the methods below:

- By Email:                      [utilities@cityofelcampo.org](mailto:utilities@cityofelcampo.org)
- By Mail:                      City of El Campo, Utility Billing Department  
315 E. Jackson St.  
El Campo, TX 77437
- Dropbox:                      Located in the drive-thru



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## Application for Senior Discount or Disability Discount

Please read the entire form before completing. Call us if you have any questions.

Name: \_\_\_\_\_ Co-Applicant's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I am applying for:  Senior Discount  Disability Discount

### Requirements for Senior Citizen Discount or Disabled Citizen Discount

#### Senior Citizen Discount ONLY

- You or your spouse/co-applicant must be at least 65 years of age
- Valid driver's license, state issued personal identification card or passport.
- Address on ID must match address of utility service

#### Disabled Citizen Discount ONLY

- Valid driver's license, state issued personal identification card or passport.
- Copy of 100% Disabled Veterans Exemption document from United States Department of Veterans Affairs or its successor (100% disability compensation due to service-connected disability) **OR** Social Security Administration Disability Verification Letter.
- The name on the property deed/lease must match that of the disabled individual

**Please notify the City of El Campo immediately of any changes in eligibility.**

By signing this application, you state that the facts in the application and your documentation are true and correct. I authorize the City of El Campo to maintain the information I have provided in this application so that my eligibility for the Senior Citizen Discount or Disability Discount can be determined. I authorize the City of El Campo to maintain these documents for eligibility until the end of term.

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

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### City Use Only

Account #: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Effective Billing Month Date: \_\_\_\_\_ Processed By: \_\_\_\_\_

Application Denied Date: \_\_\_\_\_ Reason: \_\_\_\_\_