

City of Warren Environmental Services
613 Main Ave SW
Warren, Ohio 44483
330-841-2561

SENIOR CITIZEN DISCOUNT APPLICATION

NAME _____ SOCIAL SECURITY # _____
ADDRESS _____ BIRTHDATE _____
PHONE# _____ OCCUPATION _____

INCOME INFORMATION

LIST ALL FAMILY MEMBERS INCLUDING YOURSELF
WHO HAVE GENERATED INCOME IN THE PAST YEAR

NAME	S. S. #	AGE	INCOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL	_____

PLEASE ATTACH SUPPORTING INCOME STATEMENTS:
(Income Tax Forms, W-2's, SSA 1099, 1099 Int., 1040, etc.)

STATE OF OHIO

COUNTY OF _____

The undersigned, or his/her duly appointed representative, hereby affirms, that the statements made in the foregoing affidavit are true, under penalty or perjury. Further, if the information presented above is found to be fraudulent, I will be disqualified for any current or future discount and subject to criminal prosecution.

signed _____

Subscribed and affirmed to me this _____ day of _____ 20 _____

BY _____

Notary Public (Print of stamp name)

My Commission Expires _____

For Office Use Only:

Date Received _____
Approved By: _____
Entered in AS400 _____