



**2022 CITY UTILITY EXEMPTION APPLICATION**

**Head of Household** \_\_\_\_\_  
Last Name First Middle Initial

Household Address \_\_\_\_\_

Telephone Number Date of Birth Social Security Number

Total Number of Persons Living in this Household \_\_\_\_\_ (Circle one)

Do you receive Social Security disability? \_\_\_\_\_ Yes No

Do you rent or own this household? \_\_\_\_\_ Own Rent

Are you currently receiving an elderly/disabled property tax credit? \_\_\_\_ Yes No

Are you currently receiving an elderly/disabled rent credit? \_\_\_\_\_ Yes No

**Important-(Include income from you and your spouse living in household in 2021)**

1. Wages, Salaries, Tips, etc.	\$
2. Social Security Income	\$
3. Disability Income	\$
4. All Pension and Annuity Income	\$
5. Interest and Dividend Income	\$
6. Profit from Business, Farming, or Rental Activity	\$
7. Alimony, Child Support	\$
8. Other Household Income	\$
Total Household Income Add amounts on lines 1-8, enter here (If \$24,354 or greater, no credit is allowed)	\$

**I DECLARE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO PROVIDE PROOF OF SOCIAL SECURITY DISABILITY AND/OR HOUSEHOLD INCOME SUCH AS COPIES OF HOUSEHOLD MEMBERS' MOST RECENT INCOME TAX RETURNS, SOCIAL SECURITY PAYMENT VERIFICATION, OR ANY OTHER SUCH VERIFICATION OF INCOME. I UNDERSTAND THAT ANY SUCH DOCUMENTS PROVIDED MAY BE A PUBLIC RECORD UNDER IOWA LAW.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_



## 2022 City Utility Exemption Program

### WHO QUALIFIES FOR EXEMPTION PROGRAM?

A “HOUSEHOLD” will be exempt from paying the recycling fee if all of the following conditions are met:

The “**HEAD OF HOUSEHOLD**” is 65 years of age or older or is unable to work because of a disability for which he or she is receiving Social Security disability.

**IMPORTANT:** The total annual “**HOUSEHOLD INCOME**” for **YOU AND YOUR SPOUSE** residing therein is less than \$24,354 for 2021. This income may include but is not limited to salaries, wages, self-employment income, pensions, annuity income, insurance income, interest, dividends, rent, alimony, child support, and Social Security.

After the initial application, an annual application shall be made by the “Head of Household” on **July, 1** of each year to verify annual income eligibility.

### **PROOF OF CLAIM:**

The Head of Household will have to provide:

Proof of Social Security disability, if applicable.

Copies of most recent income tax returns for all Household members to verify income under \$24,354 in 2021.

If no income tax returns were filed, then the applicant will have to provide alternative proof of household income under \$24,354 in 2021.

Proof of age, such as photo copy of driver’s license or birth certificate.

### **APPLICATION PROCEDURES:**

If you believe you qualify for an exemption, please complete the application on the back of this form and return it along with proof of income and age or disability.

### **Return To:**

City of Davenport  
Revenue Division  
226 West 4<sup>th</sup> Street  
Davenport, Iowa 52801

### **Information:**

Telephone: (563) 326-7707  
Website: [www.cityofdavenport.com](http://www.cityofdavenport.com)  
Fax: (563) 326-7722