

**MANTUA TOWNSHIP**  
**MUNICIPAL UTILITIES AUTHORITY**

397 Main Street

Mantua, New Jersey 08051

Phone: (856) 468-1111 Fax: (856) 464-0034

**Application for Senior Citizen, Permanently & Totally Disabled Person Discount**

**APPLICANT:**

Name: \_\_\_\_\_ Acct. # \_\_\_\_\_

Address: \_\_\_\_\_ PHONE: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SERVICE LOCATION:**

Tax Map: \_\_\_\_\_ Plate: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Deduction given per:

Tax Reduction Per Tax Assessor's Office \_\_\_\_\_

PAAD Program \_\_\_\_\_

Total Income less than \$10,000.00 \_\_\_\_\_

## Water Charge to Senior Citizens, Permanently and Totally Disabled Persons

Senior Citizens, and permanently and totally disabled person, with a Standard Residential Meter will be charged a minimum charge of \$17.85 per quarter for 10,000 gallon consumption allowance.

The excess rate for Senior Citizens, and permanently and totally disabled persons, with a Standard Residential Meter will be the same as for a Residential Customer with a standard meter.

The following persons shall be entitled to the Senior Citizen/Disabled person reduced minimum charge:

1. Any person determined to be permanently and total disabled according to the provisions of the Federal Social Security Act, 42 USC Section 301, or disabled under any federal law administered by the United States Department of Veteran Affairs if the disability is rated as 60% or higher.
2. Any person who is 65 years of age, or older and qualifies under one or more of the subsections listed below:
  - A. Is eligible to receive the Senior Citizen property tax deduction, as determined by the local tax collector, under N.J. S.A. 54:4-8.41.
  - B. Is qualified to receive assistance from the “Pharmaceutical Assistance to the Aged and Disabled” (PAAD) Program, N.J.S.A. 30:4D-20 et seq.
  - C. Has a total income not in excess of \$10,000.00 per year exclusive of benefits under the Federal Social Security Act or Railroad Retirement Act.

**AGE 65 YEARS, OR OVER  
DISABLED PERSON  
SURVIVING SPOUSE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

**A.** Fill in this section if there is a Federal or State Pension being received. This would also include anyone receiving a Railroad Pension.\*\*

MONTHLY

	<u>APPLICANT</u>	<u>SPOUSE</u>	<u>ANNUAL</u>
1. Social Security	\$ _____	\$ _____	\$ _____
2. Fed/State Pension	\$ _____	\$ _____	\$ _____
3. Railroad Pension	\$ _____	\$ _____	\$ _____

**B.** Fill in this section, where appropriate, to determine the total income being received.

\*\*If you have filled in Section A, this section should also be completed.

	<u>APPLICANT</u>	<u>SPOUSE</u>	<u>ANNUAL</u>
4. Private Pension/Annuity	\$ _____	\$ _____	\$ _____
5. Salaries & Wages	\$ _____	\$ _____	\$ _____
6. Interest & Dividends	\$ _____	\$ _____	\$ _____
7. Net Rents & Royalties	\$ _____	\$ _____	\$ _____
8. Capital Gains	\$ _____	\$ _____	\$ _____
9. Other Income	\$ _____	\$ _____	\$ _____

**C.** Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

\_\_\_\_\_  
Applicant's Signature