



APPLICATION

Elderly Very Low Income Water & Sewer Discount

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Utility Acct #: \_\_\_\_\_

Utility Service Address ("Unit"): \_\_\_\_\_

Household Size: \_\_\_\_\_ (total number of individuals residing at the service address)

All Other Residents: Name: \_\_\_\_\_ Eligible Dependent: Yes / No

Name: \_\_\_\_\_ Eligible Dependent: Yes / No

Name: \_\_\_\_\_ Eligible Dependent: Yes / No

Name: \_\_\_\_\_ Eligible Dependent: Yes / No

**Please Note: Any individuals residing in the household that are NOT claimed as a dependent will be required to submit a tax return, Form 1040, in order to verify total household income.**

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION AND ALL ATTACHMENTS HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit a complete application with the following attachments:**

1. Copy of Government Issued Photo ID (ex: Driver's License, ID Card, Passport)
2. Income Verification (*all household members*) US Federal Tax Return - Form 1040
3. If individually metered: A copy of most recent utility bill.
4. If Master Metered: A letter from the unit's homeowners association (HOA) including the following:
  - a. Confirmation that the Applicant is a resident of the above Unit and is the rate payer of shared common expenses for the household.
  - b. The percentage used to calculate shared utility costs or shared common expenses for the Unit per the Condominium Declaration.
  - c. Affirmation that the HOA will inform Town of any change in the residential status of the Applicant or the percentage of interest used for shared expenses.
  - d. Affirmation that discount, if approved, will be passed on to the Applicant.

**Elderly Very Low Income Water & Sewer Discount Eligibility Requirements:**

Pursuant to Town of Telluride Ordinance No. 1476 Series of 2019, a 50% discount on water and wastewater service base rates is offered to Applicants meeting the following criteria:

1. The Applicant is 65 or older, living in the residence, and is the rate payer of water and wastewater services; *AND*
2. The Applicant’s income does not exceed the Department of Housing and Urban Development (HUD) Very Low Income threshold; *AND*
3. The gross household income from any and all sources does not exceed the HUD Very Low Income threshold; *AND*
4. The Applicant’s submission demonstrating eligibility has been approved by the Town of Telluride Finance Department.

**Current Department of Housing and Urban Development Income Limits:**

FY 2021 San Miguel County Very Low Income	1 person household	2 person household	3 person household	4 person household	5 person household
	\$ 29,950	\$ 34,200	\$ 38,500	\$ 42,750	\$ 46,200

**NOTE:** HUD Very Low Income Limits are updated annually in April. Discounts approved are valid for the current calendar year only. Following initial approval, applications with documentation verifying ongoing eligibility must be submitted on or before April 15<sup>th</sup> annually.

Complete applications including attachments may be submitted by:

- Email: [asamuelson@telluride-co.gov](mailto:asamuelson@telluride-co.gov)
- In-Person: 135 W. Columbia Ave., Telluride, CO 81435  
Mon. – Fri. (8am – 5pm MST excluding holidays)
- Mail: Town of Telluride  
PO Box 397, Telluride, CO 81435  
Attention (Utility Billing)

Official Use Only:

Received by:

Date: