



Utility Billing Office
 City Hall 50 West 13th St.
 PO Box 1063
 Dubuque, IA 52001
 563-589-4144

**2019 APPLICATION
 50% REDUCED REFUSE & STORMWATER MONTHLY FEE**

The ordinances which establish a monthly refuse collection fee and a monthly stormwater fee allow for a 50% fee reduction for residential premises. Eligibility is based on household size and income.

INCOME GUIDELINES ELIGIBILITY REQUIREMENTS

Household Size	1	2	3	4	5	6	7	8
Income Limit	\$28,500	\$32,600	\$36,650	\$40,700	\$44,000	\$47,250	\$50,500	\$53,750

I, _____ as
 (Print) Last Name First Middle Maiden

Head of Household living at _____
 Address Apt#

Dubuque, Iowa, hereby apply for a 50% reduction in monthly refuse collection & stormwater fee and submit the following information to support my application:

- 1) Total gross annual household income from all persons (18 and older) \$ _____
- 2) Do you currently receive Section 8 Housing Choice Voucher assistance? Yes* _____ No _____
 *If yes, proof of income is not required. Skip to number 4.
- 3) Do you file a federal income tax return? Yes _____ No _____
If yes, must include a copy of most recent year tax return.
If no, include copy of all that apply: W-2, three consecutive pay stubs for wages/salary, bonuses, social security benefit information for all persons residing in the household, pension benefit information, child support, alimony, rental income and any other income, etc.
- 4) Telephone number _____
- 5) List all occupants living in the household

	First Name	Last Name	Social Security Number	Date of Birth	Relationship to you
1					Self
2					
3					
4					
5					
6					

Additional Information _____

I declare, under penalties of perjury, that the information provided above is correct and true to the best of my knowledge and belief. I agree to notify the City of Dubuque immediately of any change in the information provided above. I authorize the City of Dubuque to verify information submitted.

I have included documentation to support my income.

 Signature of Applicant Date

FOR CITY USE ONLY

Account # _____ - _____ Route _____ Received by _____ Date _____

Emailed Housing _____ confirm HCV Approved through 20 _____

Denied: Overincome Sent Letter Did not provide proof of income Reviewed by _____ Date _____

City of Dubuque
50% REDUCED REFUSE & STORMWATER MONTHLY FEE

Application must be submitted by the head of household for your primary residence only.

Print your complete name.

Print your full address, including any apartment number.

The application requests the following additional information in support of your application:

Question 1: Enter your **TOTAL GROSS** household income for the year. Remember that this figure must include the income of **ALL** persons 18 and older residing in the household, and must include income from salary and wages, social security, child support, pensions, insurance benefits, alimony, interest and dividends and all other income.

Question 2: Please indicate if you receive Section 8 Housing Choice Voucher assistance.

Question 3: Please indicate if you file a federal income return.
If Yes, include copy of most recent tax return filed.
If No, include a copy of all that apply: W-2, copies of three consecutive pay stubs for wages/salary, social security benefit information for all persons residing in the household, pension benefit information, child support, alimony, rental income and any other income, etc.
City requires some form of verification of income.

Question 4: Enter your telephone number.

Question 5: Enter the total number of persons living in your household, including yourself. **(Note: Must provide first and last name, social security number, date of birth and relationship for yourself and each individual)**

After completing the form, check the information carefully and read the declaration before signing. By signing the application, you are declaring, under penalty of perjury, that the information is true and correct to the best of your knowledge and belief, and that you agree to notify the City of any change in the information provided.

Be sure that the application is **SIGNED AND DATED** before returning to City Hall.

Annual renewal required.

Return Application form to:

City of Dubuque Utility Billing
50 West 13th Street (52001-4845)
PO Box 1063
Dubuque, Iowa 52004-1063
Fax 563-690-6688
utilityb@cityofdubuque.org

**If you have any questions, please call
Kate at (563)589-4147 or Rose at (563)589-4143.**