



MERCHANTVILLE-PENNSAUKEN WATER COMMISSION

6751 Westfield Avenue • Pennsauken, NJ 08110
Ph: 856.663.0043 • Fx: 856.486.7417 • www.mpwc.com

CLAIM FOR DEDUCTION IN WATER BILL
BY PERSON AGE 65 OR OVER, OR DISABLED

Please complete and return to:

Merchantville-Pennsauken Water Commission
6751 Westfield Avenue
Pennsauken, NJ 08110
Ph: (856) 663-0043
Fx: (856) 486-7417

FOR OFFICE USE ONLY

Received By / Date:
Calendar Year:
MPWC Account #:
MPWC Approval: YES NO
Approved By/Date:

Applicant Name:

Applicant Date of Birth:

Does Your Property Tax Bill Include a Senior Citizen or Disabled Discount? YES NO

Do You Own & Occupy A Single Family Dwelling? YES NO

Is This Property Your Primary Place of Residence? YES NO

Is Your Property Serviced By A 5/8" Meter? YES NO

Please Complete The Following Information Regarding the Property In Question:

Street Address:

Municipality: LOT: BLOCK:

Anticipated income to be received by Applicant (and Spouse, if applicable) during the application calendar year, not to exceed \$10,000.00 as determined by N.J.S.A. 54:4-8.40 (not including Social Security). \$

Applicant attests to the following:

I hereby make claim for a deduction in my water bill for the calendar year, on the real property described above; and that I have qualified for a real estate tax deduction for the property in question with the Municipality referenced above; and that with respect to the calendar year for which this deduction is claimed, neither I, nor my spouse has made claim for deduction on any other property owned by me, whether located in this or any other municipality of this State; and that the information provided is true to the best of my knowledge and I fully understand that attesting to these statements will be considered as if made under oath, and, if false, may be subject to penalties, as provided by law for perjury.

Applicant Signature

Date