

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:

Applicant Name

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

FOR OFFICE USE ON	LY	
Received By / Date:		
Calendar Year:		
MPWC Account #:		
MPWC Approval:	<b>YES</b>	
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?			□ NO
Is This Property Your Primary Place of Residence?			
Is Your Property Serviced By A 5/8" Meter?			□ NO
Please Complete The Follo	owing Information Regarding the Property In Que	stion:	
Street Address:			
Municipality:	LOT:	BLOCK:	
•	eived by Applicant (and Spouse, if applicable) during r, not to exceed \$10,000.00 as determined by ding 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