



**YEAR 2017 SEWER RENT REBATE APPLICATION**  
**NETHER PROVIDENCE TOWNSHIP**  
**610-566-4516**

Date: \_\_\_\_\_

Folio #: \_\_\_\_\_

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Property Owner's (Claimant's) Name

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Address


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Claimant's Social Security #

Claimant's Birth Date

Complete the following table in regard to individuals residing in the household. **Exclude the claimant.**

| <i>Name</i> | <i>Date of Birth</i> | <i>Social Security #</i> |
|-------------|----------------------|--------------------------|
| Spouse:     |                      |                          |
|             |                      |                          |
|             |                      |                          |
|             |                      |                          |
|             |                      |                          |

 The Claimant and Spouse (if residing with Claimant) **must** be 65 years of age or older. If this is the first time filing for a rebate please attach a **copy** of a birth certificate or Medicare card confirming the age of the claimant and spouse.

**HOUSEHOLD INCOME (TOTAL FOR ALL INDIVIDUALS RESIDING IN DWELLING)**

|   |  |
|---|--|
| 1. Social Security for <b>Year 2016</b>   |  |
| 2. Pension, Annuities, Alimony, and Child Support   |  |
| 3. Interest, Dividends, and Capital Gains   |  |
| 4. Net Rental Income  |  |
| 5. Net Business Income  |  |
| 6. Other Income such as Wages, Insurance Proceeds, Death Benefits, and Any Gifts in Excess of \$ 300                          |  |
| <b>TOTAL HOUSEHOLD INCOME</b> (Add Lines 1 through 6)<br>(To qualify <b>total household income</b> must not exceed \$ 18,000) |  |

I UNDERSTAND THE TOWNSHIP RESERVES THE RIGHT TO REQUEST AND REVIEW THE CLAIMANT'S FEDERAL 1040 TAX RETURN, ALONG WITH THE RETURN OF ALL HOUSEHOLD MEMBERS, FOR THE 2016 YEAR. FURTHERMORE, I UNDERSTAND THAT ANY PERSON MAKING AN EXCESSIVE CLAIM WITH FRAUDULENT INTENT SHALL HAVE HIS/HER CLAIM DISALLOWED AND WILL BE PROHIBITED FROM FILING A FUTURE SEWER RENT REBATE CLAIM. I DECLARE THAT:

1. THIS CLAIM IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
2. THIS IS THE ONLY CLAIM FILED BY MEMBERS OF MY HOUSEHOLD.

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Claimant's Signature

Date

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Claimant's Daytime Telephone Number

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Signature of Preparer if Different than Claimant

Preparer's Telephone Number

**Submit with the completed application a copy of the paid year 2016 tax and sewer rent receipt or the cancelled check (copy both sides of the check). Applications must be postmarked by June 30, 2017. Please return the application along with attachments to Nether Providence Township, 214 Sykes Lane, Wallingford, PA 19086-6350.**