

Lakeside Citizen's Sewer Assistance Program Lakeside Sewer Assessment Form

Name: _____ Sewer Acct # _____ Date: _____
 Address: _____ Phone: _____

How many people in your household actually living with you including yourself? _____

Names	Relationship	D O B	Age	Sex	Social Security #
	Self				

Employer? _____ How long employed? _____

Did you file a Federal or State Tax return last year? _____ Are you filing this year? _____
 Do you expect to receive a refund this year? _____

How much money do you have to apply each month toward your sewer bill? _____
This program may offset your monthly sewer bill up to \$15.00 per month.

Monthly Income		Expenses		Expenses Cont'd
		<i>Rent or Mortgage</i>	\$	
<i>Net from Job</i>	\$	<i>Electric</i>	\$	<i>Outstanding Debts:</i>
<i>Child Support</i>	\$	<i>Water</i>	\$	<i>Loans</i> \$
<i>Unemployment</i>	\$	<i>Sewer</i>	\$	<i>Credit Card</i> \$
<i>Pension</i>	\$	<i>Garbage</i>	\$	<i>Garnishments</i> \$
<i>Veteran Benefits</i>	\$	<i>Telephone</i>	\$	
<i>TANF</i>	\$	<i>Cable/ Dish</i>	\$	
<i>Food Stamps</i>	\$	<i>Vehicle Insurance</i>	\$	
<i>Social Security</i>	\$	<i>Medical Insurance</i>	\$	
<i>SSI</i>	\$	<i>Food</i>	\$	
Total Income	\$	<i>Laundry</i>	\$	Total Expenses \$

I or We, certify that this information is true and complete to the best of our knowledge.

Signature: _____ Date: _____
 Signature: _____ Date: _____

Office use only: Review Date: _____ Approved _____ Denied _____

Signature of person evaluating this Assessment Form: _____