

Senior Citizen, Permanently and Totally Disabled Persons Mantua Township M.U.A.

Water:

Senior Citizens, and permanently and totally disabled persons, with a Standard Residential Meter will be charge a minimum charge of \$23.00 per unit, per quarter for 8,000-gallon consumption allowance.

The excess rate for Senior Citizens, and permanently and totally disabled persons, with a Standard Residential Meter will be the same as for a Residential Customer with a Standard meter.

Sewer:

Senior Citizens, and permanently and totally disabled persons, shall be charged \$57.00 per unit, per quarter.

The following persons shall be entitled to the Senior Citizen/Disabled person reduced minimum charge:

1. Any person determined to be permanently and totally disabled according to the provisions of the Federal Social Security Act, 42 USC Section 301, or disabled under any federal law administered by the United States Department of Veteran Affairs if the disability is deemed a total or 100% disability.
2. Any person who is 65 years of age, or older, and qualifies under one of the subsections listed and also has income of less than \$10,000.00 per annum from any source, is eligible to receive this discount:
 - A. If the Senior Citizen is deemed eligible to receive the property tax deduction, as determined by the Gloucester County Tax Collector, under N.J.S.A. 54:4-8.41 **and** has a total income not in excess of \$10,000.00 per year from any source including benefits under the Federal Social Security Act or Railroad Retirement Act.
 - B. If the Senior Citizen is a resident of Mantua Township who is an owner or lessee of a mobile home which includes Cedar Grove Park and Maplewood Village **and** has a total income not in excess of \$10,000.00 per year from any source including benefits under the Federal Social Security Act of Railroad Retirement Act.

*An applicant is entitled to exclude benefits under only **ONE** of the following three categories when determining the \$10,000 income limitation and is capped at the annual maximum Social Security Benefit:

1. Social Security Benefits (The Federal Social Security Act);
2. Any other federal government program or federal law that provides benefits in whole or in part in lieu of Social Security benefits, or for persons excluded from coverage under Social Security, including but not limited to:
 - the Federal Railroad Retirement Act (Tier I and II); and
 - federal pension, disability and retirement programs;
3. Pension, disability or retirement programs of **any** state or its political subdivisions, or agencies for persons not covered under Social Security.

**Mantua Township
Municipal Utilities Authority**

397 Main Street
Mantua, New Jersey 08051
Phone: (856) 468-1111 Fax: (856) 464-0034
www.mantuamua.com

Application for Senior Citizen, Permanently & Totally Disabled Person Discount

PLEASE FILL OUT BOTH SIDES

APPLICANT:

Name: _____ Acct.# _____

Address: _____ Phone: _____

City/State/Zip: _____

Signature of Applicant

Date

TO BE FILLED OUT BY MANTUA MUA

Deduction given per year:

Tax Reduction Per Tax Assessor's Office _____

Total Income less than \$10,000.00 _____

APPLICATION CLAIM FOR PROPERTY TAX DEDUCTION
AGE 65 YEARS OR OLDER / DISABLED PERSON / SURVIVING SPOUSE

NAME: _____

ADDRESS: _____

BLOCK: _____ LOT: _____

A. Fill in this section if there is a Federal or State Pension being received. This would also include anyone receiving a Railroad Pension. **

MONTHLY

	<u>APPLICANT</u>	<u>SPOUSE</u>	<u>ANNUAL</u>
1. Social Security	\$ _____	\$ _____	\$ _____
2. Fed/State/Local Pension	\$ _____	\$ _____	\$ _____
3. Railroad Pension	\$ _____	\$ _____	\$ _____

B. Fill in this section, where appropriate, to determine the total income being received.
**If you have filled in Section A, this section should also be completed.

	<u>APPLICANT</u>	<u>SPOUSE</u>	<u>ANNUAL</u>
4. Private Pension/Annuity	\$ _____	\$ _____	\$ _____
5. Salaries & Wages	\$ _____	\$ _____	\$ _____
6. Interest & Dividends	\$ _____	\$ _____	\$ _____
7. Net Rents & Royalties	\$ _____	\$ _____	\$ _____
8. Capital Gains	\$ _____	\$ _____	\$ _____
9. Other Income	\$ _____	\$ _____	\$ _____

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Date: _____

Applicant Signature