

Application for Golden Advantage

The Golden Advantage Service allows qualifying Customers who depend on fixed income to have their water/gas bills due on the fifth of each month.

Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Race _____ Gender ____ Male ____ Female

Email Address _____

Primary Income: (Please check one)

_____ Social Security Retirement

_____ Veterans Retirement

_____ Social Security Disability

_____ Veterans Disability

_____ Other Retirement

If you checked Other Retirement, please list the name of the retirement program:

Please attach a copy of proof of fixed income, or if primary income is for total disability, a copy of the disability award.

- Customer will not be eligible for payment extensions.
- If customer is late paying bill, customer will be removed from Golden Advantage.

I hereby certify that the above income is my primary source of income.

Date

Signature of Member-Owner

For Office Use	
_____ Member-Owner Name	_____ Date Application Received
_____ Account Number	_____ Effective Billing Period