



**SPRINGFIELD WATER AND SEWER COMMISSION  
APPLICATION FOR WATER BILLING ALLOWANCE FOR DISABLED HOMEOWNER**

**CRITERIA:** To qualify, the applicant must be disabled, unemployable, and own and occupy a single family home. The disability must be a physical or mental impairment that keeps the applicant from work all twelve (12) months of the year. The applicant must attach a letter from the physician who treats them for the disability or from a specialist in that particular field. The letter must clearly state the degree of the applicant's disability and must verify that the applicant is unemployable because of their disability.

**DISABLED VETERANS:** To qualify, the applicant must be considered 80% disabled, and the disability must be military service connected. A letter from the Veterans Administration clearly stating the degree of disability must be provided.

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DATE SUBMITTED: \_\_\_\_\_

Please accept this application to reduce my water bill by \$2.75 per month.

I understand that in order to be eligible for consideration for an abatement I must be the owner and occupy the one family residence applied for. I also understand that the maximum allowance will be based on the minimum rate charged in an effort toward water conservation.

APPLICANT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PROPERTY ADDRESS FOR REDUCTION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE WHEN DISABILITY WAS DETERMINED: \_\_\_\_\_

LETTER FROM PHYSICIAN OR SPECIALIST INCLUDED? YES \_\_\_\_\_ NO \_\_\_\_\_

ONE FAMILY HOUSE: YES: \_\_\_\_\_ NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**RETURN TO:                   SPRINGFIELD WATER AND SEWER COMMISSION  
                                  P.O. BOX 2551  
                                  SPRINGFIELD, MA 01101-2551**

**PLEASE INCLUDE LETTER FROM PHYSICIAN, SPECIALIST, OR VETERANS  
ADMINISTRATION AS OUTLINED IN THE CRITERIA LISTED ABOVE.**

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**FOR SWSC USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

ALLOWANCE APPROVED (\$2.75 PER MONTH)? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF DISAPPROVED, REASON: \_\_\_\_\_

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