



Springfield Water and Sewer Commission
Post Office Box 995
Springfield, MA 01101-0995
413-452-1300
info@waterandsewer.org
waterandsewer.org

SPRINGFIELD WATER AND SEWER COMMISSION DISCOUNT PROGRAM APPLICATION

Homeowners who are 68 years of age or older, fully disabled (Veterans 10%) and legally blind that live in an owner-occupied, single-family residential dwelling are eligible for an annual discount of \$144.00 (administered as a monthly \$12.00 credit) in Fiscal Year 2027 (July 1, 2026 – June 30, 2027). Applicants may apply for multiple discounts, but are only eligible to receive one (1). Recipients will be required to re-apply every three (3) years.

SENIOR DISCOUNT: To be eligible, customers shall be owners of a single-family house, which is the owner's primary residence; must occupy the premises a majority of the year; and must be 68 years old or older. Homeowners must provide proof of age such as photocopies of a driver's license, or other valid state ID.

DISABILITY DISCOUNT: To be eligible, "disabled persons" shall be customers who are owners of a single-family house, which is the owner's primary residence; have a disability that keeps the person from work all twelve (12) months of the year; and attach a letter from their physician to the application that clearly states the individual's disability and inability to work. For disabled Veterans the disability must be 10% and must be military service related.

LEGALLY BLIND: To be eligible, "legally blind" shall be customers who are owners of a single-family house, which is the owner's primary residence; and attach a copy of a Legally Blind Certificate to the application.

Properties held in trust or two-family homes who choose not to rent are not eligible for these discounts.
Changes affecting eligibility to receive any discount must be reported to the Commission.

*Name: _____ *Account Number: _____

*Property Address: _____

*Discount Type (check all that apply): Senior: _____ Disability (Veteran 10%): _____ Legally Blind: _____

*Phone Number: _____ Email Address: _____

*Signature: _____

***Required fields**

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