



337 East Bennett Avenue, P.O. Box 430, Cripple Creek, CO 80813-0430
Telephone: (719) 689-2502 Fax: (719) 689-2774

2024 SENIOR REDUCTION RATE APPLICATION

Per the Cripple Creek Municipal Code, Section 13-5-50, residential water customers who qualify and are approved for the Senior Citizen Reduction shall be granted a fifty percent (50%) reduction in the residential rate for metered water and/or sewer service provided to the senior citizen’s private residence. Please note that this discount does not apply to any other fees that may be billed out on the monthly water bill.

Qualifying customers must:

- (1) Be sixty-two (62) years of age or older.
- (2) Be a full-time owner-occupant of the residence for which the discount is being sought. The discount does not apply to any other property owned by a qualifying customer.
- (3) Total gross income from all sources (**prior year Income Tax Statement**) shall equal or be less than one hundred and fifty percent (150%) of the Gross Federal Poverty Level as reported annually in the Federal Register by the Department of Health and Human Services (HHS).
- (4) Complete an application and submit it, along with proof of income, to the City Clerk for approval in each year in which the discount is sought. The reduction shall be effective for a twelve-month period from the date the application is approved. All qualifying customers must re-apply each year.

Income Guidelines:

Household Size	Income		Household Size	Income	
ONE	\$22,590.00 Annually	\$1,882.50 Monthly	THREE	\$38,730.00 Annually	\$3,227.50 Monthly
TWO	\$30,660.00 Annually	\$2,555.00 Monthly	FOUR	\$46,800.00 Annually	\$3,900.00 Monthly

PLEASE COMPLETE ALL FIELDS AND PROVIDE CURRENT PROOF OF INCOME INCLUDING SOCIAL SECURITY, RETIREMENT PENSION AND ANY OTHER INCOME FOR ALL PERSONS IN THE HOUSEHOLD. Please return this application to the City of Cripple Creek at the address listed above or return it in person to City Hall at 337 East Bennett Avenue.

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ BIRTH DATE OF HEAD OF HOUSEHOLD: _____

TOTAL HOUSEHOLD INCOME: _____ NUMBER OF PERSONS IN HOUSEHOLD _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____

For City Use Only:		
Date Received: _____	Account Number: _____	Effective Date: _____
Approved: _____ Denied: _____ Reason: _____		