

**SENIOR CITIZENS/DISABLED AMERICAN VETERANS CERTIFICATE
AFFIDAVIT APPLICATION**

Laws Of Florida, Chapter 87-454, Subsection 2 of Section 14 (Chapter 76-441 as amended by Senate Bill 1382), authorizes the Florida Keys Aqueduct Authority to establish a lower rate on the residential account of certain persons 60 years of age or older, **OR** a totally or permanently disabled American Veteran, on the date of application and who meet the maximum income allowance. Such qualified applicants are required to submit an affidavit for eligibility; providing that such affidavit is prima facie evidence of eligibility; **household gross income for all qualified applicants cannot exceed the maximum annual Social Security Retirement benefit for one (1) person for the current year or; if the spouse or significant other resides at the same residence, for the Maximum Annual Social Security Retirement benefit for two (2) persons for the current year. (See Below)** New applications are accepted throughout the calendar year. All new and existing applicants will be required to re-apply for re-certification on a yearly basis. **Veterans must provide proof from Veteran Affairs that they are totally or permanently 100% disabled, as determined by the Veterans administration.**

Maximum Annual Income as based on Social Security Retirement Benefit – 2017

	<u>Monthly</u>	<u>Annually</u>
1 Person (account holder)	\$ 2,687.00	\$32,244.00
2 Person (spouse or significant other)	\$ 5,374.00	\$64,488.00

FKAA ACCOUNT #: _____ ACCOUNT ADDRESS _____
 ACCOUNT HOLDER'S NAME _____ MAILING ADDRESS _____
 PHONE NUMBER: _____ EMAIL ADDRESS: _____
 ACCOUNT HOLDER'S DATE OF BIRTH: _____ AGE: _____
 NUMBER OF RESIDENTS IN HOUSEHOLD: _____

LIST ANNUAL INCOME OF ACCOUNT HOLDER AND HOUSEHOLD:

1 Person (account holder) \$ _____
 2 Persons (spouse, or significant other) \$ _____
 Total Household Annual Income \$ _____

THIS CERTIFICATE MUST BE SIGNED AND NOTARIZED

I HEREBY CERTIFY that the foregoing statements are true and correct, to the best of my knowledge and belief, and hereby grant the Authority the permission to verify such answers. Any false statements on this application may be considered as sufficient cause for rejection of this application, and/or future application.

Signature of Applicant/Account Holder: _____

State of _____, County of _____

Subscribed and sworn to (or affirmed) before me on _____, day of _____, 20____, by _____.
 He/she is personally known to me or has produced _____ as identification.

 Notary Public

SEAL:

Area Office Fax numbers:

Key West through Little Torch Key: (305) 295-2188 Big Pine Key through Conch Key (305) 809-2748
 Long Key through Ocean Reef: (305) 295-2285