



**UTILITY BOARD OF THE CITY OF KEY WEST, FLORIDA**  
**MAIN OFFICE: Phone (305) 295-1000 ♦ Customer Service Fax (305) 295-1085**  
**BIG PINE OFFICE: Phone (305) 515-0333 ♦ Customer Service Fax (305) 515-0301**

**DISCOUNT APPLICATION**  
***SENIOR CITIZEN'S AND DISABLED AMERICAN VETERAN'S***

Date:

As stipulated by the Utility Board of the City of Key West, a discount has been established for residential customers who are 62 years of age or older, or who are totally or permanently disabled American Veterans, on the date of application. Such qualified applicants are required to submit an affidavit for eligibility; providing that such affidavit is prima facie evidence of eligibility; income for all qualified applicants will not exceed the amount of \$26,220.00 per annum, per household, of residential single unit accounts only, for senior citizens or the maximum dollar benefit based on the United States Department of Veterans Affairs Web-site, per annum maximum benefit, for a disabled American veteran.

All applicants must sign an affidavit stating their legal residence, age, and annual income to qualify for this discount. All accepted applicants will be required to re-qualify from January 1 through and no later than March 31, each year for Keys Energy Services to consider a request for the residential senior citizen's discount. The following information must be provided:

**SENIOR CITIZENS:**

Accounts Holders Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Telephone # \_\_\_\_\_

KEYS Account Number \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

**PERMANENTLY DISABLED AMERICAN VETERANS:**

Account Holders Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Telephone # \_\_\_\_\_

KEYS Account Number \_\_\_\_\_

Percentage of Disability \_\_\_\_\_%

Number of Children \_\_\_\_\_ Spouse \_\_\_\_\_

Do Parents Live with You? \_\_\_\_\_ If Yes, How Many \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_

I swear or affirm that the foregoing statements are true to the best of my knowledge and belief. I grant KEYS the authority to verify my statements. I certify that the address given is my legal residence and are where my domestic duties are comprised. It is hereby understood by the applicant, that any false statement will provide sufficient reason to void this application.

SIGNATURE OF APPLICANT \_\_\_\_\_

IF APPLICATION IS COMPLETED AT KEYS: Witnessed by: \_\_\_\_\_

**THIS APPLICATION MUST BE NOTARIZED** *(If not completed at one of the KEYS offices)*

State of Florida, County of Monroe

Before me, the undersigned authority, authorized to administer oaths and take acknowledgments, personally appeared \_\_\_\_\_, who being duly sworn and deposed, states that he/she is the person in the foregoing application, and that he/she has read the said application, and that the allegations and contents thereof are true and correct.

Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires