

FINANCE DEPARTMENT

BILLING (302) 855-7871
 COLLECTIONS (302) 855-7831
 TREASURY (302) 855-7871
 UTILITY PERMITS (302) 855-7719



Sussex County

DELAWARE
 sussexcountyde.gov

KATRINA M. MEARS
 MANAGER OF BUSINESS SERVICES

APPLICATION FOR SUSSEX COUNTY SANITARY SEWER ASSISTANCE

NAME 1: _____ SOCIAL SECURITY #: _____
 ADDRESS _____

PHONE: _____ PLEASE LIST AGES: _____
 TOTAL # OF OCCUPANTS IN HOME: _____

STATEMENT OF YEARLY INCOME:	NAME 1	NAME 2	OTHER OCCUPANT(S), OVER 18 YRS OLD
EMPLOYER'S NAME/PHONE#:			
PLEASE STATE HERE IF: RETIRED, DISABLED, UNEMPLOYED, ETC.			
GROSS YEARLY WAGES:			
SOCIAL SECURITY:			
VA BENEFITS:			
INTEREST &/OR DIVIDENDS:			
RENTAL INCOME:			
PENSION:			
OTHER:			

LIST ALL LIQUID ASSETS:	NAME/DESCR.	ACCOUNT NO.	ACCOUNT NO.
CHECKING	_____	_____	_____
SAVING	_____	_____	_____
CD'S	_____	_____	_____
STOCKS OR BONDS	_____	_____	_____
IRA (OR SIMILAR)	_____	_____	_____
OTHER NOTES/RECS DUE	_____	_____	_____
CASH ON HAND	_____	_____	_____

PROPERTY TAX ID # (DIST, MAP, PARCEL, UNIT) _____ SEWER ACCOUNT# _____

Please include a copy of the most recent Federal Tax Return OR date of last year filed

I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

 Signature

 Date