



# BOROUGH of QUAKERTOWN

## EXEMPTION FROM WINTER TERMINATION December 1 through March 31

Resident Information		
Name:		
Current Address:		Phone:
City:	State:	ZIP:
Own    Rent    (Please circle)	Account :	E-mail:

Household Information		
List all household members that are included on the tax return		
Name:	Date of Birth:	Age:

Certification	
My signature below verifies that:	
<input type="checkbox"/> I reside at the above location with all of the people listed above.	
<input type="checkbox"/> I understand this application is only valid for this season.	
<input type="checkbox"/> I understand if I am a renter, my landlord will be notified of this application.	
<input type="checkbox"/> I understand that I am financially liable for all utility services consumed by my household even if the services are not disconnected during the winter months.	
<input type="checkbox"/> I have included a copy of the first page of the current year Federal Tax Return to show my household's income is below 250% of the Federal Poverty Level.	
Signature of Resident:	Date:

Verification	
To be Completed by the Borough of Quakertown	
Accepted into Plan    Y    N	Attached Tax Return    Y    N
Authorization:	Date: