



Utilities Department Late Fee Exemption Application
Residential Only

Date: _____ Phone No: _____

Name: _____

Physical Address: _____ City: _____ St: _____ Zip: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

E-Mail Address: _____

Permanent Exemption Request. Customer must show proof of ALL of the following:

- Low to moderate fixed income household as identified by current figures obtained from the Department of Housing and Urban Development (HUD), and
- Permanently disabled or over 65 years of age, and
- Timing of the receipt of income checks make it difficult to pay utility bills prior to delinquency, and
- Satisfactory 12 month history of on-time payments for utilities with the City of Winnsboro (provided by COW-Utility Dept.)

Temporary Exemption Request. Customer must show proof of ALL of the following:

- Household income of low to moderate standards or a temporary disability, prohibiting work, which reduces household income to low to moderate standards as identified by HUD.
- Medical bills, which erode the ability to provide other essential household needs.
- Satisfactory 12 month history of timely payments for utilities with the City of Winnsboro or proof of extenuating circumstances which have hindered on-time payment.

The undersigned hereby attests to the above information as accurate. Any falsification may result in the denial or revocation of exemption.

Signature: _____ Date: _____

City Use Below this line:

- Qualified for Fee Exemption
- NOT - Qualified for Fee Exemption (provide explanation below)

City Administrator Approval: _____ Date: _____

ADJUSTMENT TO ACCOUNT

Date Entered: _____ By: _____

Billing Coordinator Signature: _____ Date: _____