



City of Santa Fe
801 W SAN MATEO - SANTA FE, NM 87505
CUSTOMER SERVICE (505) 955-4333/FAX (505) 955-4363
utilitycustomerservice@santafenm.gov



City of Santa Fe

Low Income Credit Application

By applying for a Low Income Credit I am certifying that I reside at the service address listed below. Please print. Illegible applications will be returned. If you need assistance in filling out this form, please contact Customer Service.

Owner's Name: _____ Service Address: _____

Mailing Address: _____ Phone #: _____

Email: _____ Account #: _____

Please list all members of the household, including the applicant (use additional paper if necessary):

Name	Age	Total Annual Income (All Sources)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Annual Household Income		_____

Please list the total annual income from all sources for all household members:

Source	Amount	Source	Amount
Wages	_____	Alimony	_____
Social Security	_____	Child Support	_____
Rent/Royalties	_____	Retirement	_____
Interest/Dividends	_____	Veterans Benefits	_____
Food Stamps	_____	Welfare Payments	_____
Disability	_____	Other	_____
Unemployment	_____		
Total Annual Income			_____

I, _____, swear or affirm under penalties provided by law that I have reads and understand the terms of this application as presented on the reverse of this form and that the information presented by me on this application is complete, true and correct. I further agree to any reasonable investigation and substantiation of the information that I have presented on this application.

Applicant's Signature

Date

CITY USE ONLY				
Approved for Credit:	Refuse	Sewer	Water	Processed By
Effective from:		Through:		
Supervisor Approval:		Date:		