

County of Kaua'i Department of Public Works Wastewater Management Sewer Billing Mail to: Wastewater Management 4444 Rice Street, Suite 500 Lihu'e, HI 96766 Phone: 241-4082 or 241-4216

Email to: pwww@kauai.gov

2024 Residential Sewer Utility Credit Application

Part I: Credit Qualifications		YES	NO
Do you receive sewer service and a residential sewer bill from the County of Kaua'i?			
Is your 2022 total annual adjusted gross income under \$50,000?			
We are (I am) not receiving sewer utility assistance payments from any organizations.			
Is this the only dwelling that you are claiming for this credit?			
Is this dwelling unit your principal residence?	_		
We are (I am) <u>not</u> delinquent in our sewer utility payments			
Part II: Total Adjusted Gross Income for the 2022 INCOME TAX YEAR.			
A. Enter your TOTAL ADJUSTED GROSS INCOME from your 2022 Federal Tax Return			
B. Enter your TOTAL ADJUSTED GROSS INCOME from your 2022 Hawaii State Tax Return		\$	
For proof of income, attach page 1 of your 2022 Federal Tax Return and pages 1 & 2 of your	our 2022 St	ate Tax	Return.
Failure to attach copies of the tax forms will result in sewer credit disqualification.			

If you were not required to file a return, complete the affidavit on the back of this application.

Part	III: Other Information	YES	NO			
Are	you an owner occupant?					
Doy	ou pay for the sewer utility charges?					
Part IV: Applicant Information						
1.	Applicant's Name:	Sewer Account No	Sewer Account No			
2.	Sewer Resident Address:	Home/Cell Phone:				
3.	Mailing Address	City/State/Zip:				

4. Name of Residential Owner: _

Part V: Declaration

Under penalty of perjury, I hereby declare that I am a qualified residential sewer customer and the information above is true and correct. I shall notify the Wastewater Management, County of Kaua'i immediately if my annual income exceeds \$50,000 and I am benefiting from this credit. I authorize the County of Kaua'i to verify my income or other information on this application with the State and/or Federal taxing authorities.

Signature, Applicant

Date

Deadline for submitting an application is January 2, 2024. Mail completed application and tax return copies to the above address postmarked no later than January 2, 2024, or email application and tax returns to pwww@kauai.gov, no later than 4:30pm, January 2, 2024. To insure health and safety of our associates, our office will no longer create copies of your tax returns.

ANY PERSON WHO FALSIFIES OR MISREPRESENTS ANY INFORMATION ON THIS APPLICATION OR FILES A FRAUDULENT APPLICATION, WITH THE INTENT TO DEFRAUD OR EVADE THE PAYMENT OF ANY PART OF HIS SEWER BILL, OR WHO IN ANY MANNER INTENTIONALLY DECEIVES THE COUNTY OF KAUA`I, WILL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH (K.C.C.25-13.9(g) / ORD. NO. 793)

SOCIAL SECURITY NUMBER: The applicant's social security number is requested for the purpose of establishing the identity of the applicant for Sewer Credit and maintaining a record of individual payments to customers. The request is authorized under the Federal Social Security Act (42 U.S.C.A. Sec. 405 (c) (2)). Disclosure is voluntary and will not affect the allowance of a claim for a Sewer Credit, but failure to disclose may result in a delay of processing the claim. If disclosed, social security numbers will not be subject to public access.

SELF- PRESCRIBING AFFIDAVIT

STATE OF HAWAI'I)) SS. COUNTY OF KAUA'I)

I, _		, under penalty of perjury, hereby swear (or affirm)					
		(Print Applicant					
tha	t the f	ollowing infor	mation is true and correct:				
	1.	1. I am a County of Kaua'i residential sewer customer.					
	2.	I was not required to file a personal income tax return under either the U.S. Internal Revenue Code of 1954, as amended or Chapter 235, H.R.S. or both.					
	3.	I was not required to file an Income Tax Return (please check either or both below): I was not required to file a Hawai'i State 2022 Income Tax Return. I was not required to file a Federal 2022 Income Tax Return.					
	4.	4. The income that I received from all sources for the calendar year 2022 did not exceed \$50,000.					
APPLICANT							
	SIG	NATURE:		_ DATE:			
(RE	QUIRI	ED ONLY IF AP	PLICANT MAKES A MARK)				
WITNESS							
SIGNATURE:		NATURE:		_ DATE:			
WITNESS							
NAME:			_				
			(Print Witness Name)				
WITNESS		INESS					
	ADI	DRESS:		_PHONE NO			

WARNING: Any person who files a fraudulent application or attests to any false statement, with intent to defraud or to evade the payment of his/her sewer bill or any part thereof, or who in any manner intentionally deceives or attempts to deceive the County of Kaua'i to receive this sewer credit, shall be fined \$1,000 or imprisoned for not more than 1 year, or both.