



**County of Kauai
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 Kauai? _____ | | |
| Is your 2022 total annual adjusted gross income under \$50,000? _____ | | |
| We are (I am) <u>not</u> 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. _____ | | |

IMPORTANT:

**You must answer "YES" on all the above questions to be eligible for the sewer credit program.
You are not eligible for the credit, if you have answered "NO" on any of the above questions.**

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 2022 State 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? _____ | | |
| Do you pay for the sewer utility charges? _____ | | |

Part IV: Applicant Information

- Applicant's Name: _____ Sewer Account No. _____
- Sewer Resident Address: _____ Home/Cell Phone: _____
- Mailing Address _____ City/State/Zip: _____
- 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 Kauai immediately if my annual income exceeds \$50,000 and I am benefiting from this credit. I authorize the County of Kauai 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.

