



MARK R. JOHNSON  
Mayor

# CITY OF COVINGTON

UTILITY BILLING DEPARTMENT

317 North Jefferson Avenue

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Covington, Louisiana 70434

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## SPECIAL FEE EXEMPTION AFFIDAVIT

I, \_\_\_\_\_ am 65 years of age or older and/or handicapped/disabled and the gross income of my household is less than Twenty Thousand Dollars (\$20,000) per year (*Please note that this proof of income information must be updated annually by April 15 to maintain your special exemption rates*). I now live in the City of Covington and have lived in the City for the past twelve (12) months. I and/or my spouse provide at least 51% of the income to operate my household, which includes payments for rent or mortgage notes, food, and utilities, including water. My spouse or I have paid the water bill for the past twelve (12) months.

I understand that any false statement made on this application shall be punishable by a fine of not less than Two Hundred Fifty Dollars (\$250), nor more than One Thousand Dollars (\$1,000). I further understand, acknowledge and agree to pay the City of Covington all back fees owed, together with interest of the rate of seven percent (7%) per year for any false statement made on this application.

I have read this application, or it has been read to me, in full. I understand the contents and the penalties it carries should I make a false statement.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
WITNESS

Swore to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC