



MARK R. JOHNSON
Mayor

CITY OF COVINGTON

UTILITY BILLING DEPARTMENT

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SPECIAL FEE EXEMPTION APPLICATION

DATE OF APPLICATION _____ UB ACCOUNT NUMBER _____

NAME _____

SERVICE ADDRESS _____
Street

MAILING ADDRESS (If different) _____
Street

City / State / Zip Code

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ DATE CITY RESIDENCE BEGAN _____

SENIOR CITIZEN APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION:

1. PROOF OF AGE (65 years or older) - *Any one of the following: driver's license, birth certificate, baptismal certificate, or other official document showing age.*
2. PROOF OF INCOME (Less than \$20,000 gross income per household per year; all income must be included) - *Any one of the following: federal income tax return or social security statement of benefits. (Please note that this information must be updated annually by April 15 to maintain your special exemption rates.)*
3. PROOF OF RESIDENCY (12 months or longer) - *Usually city utility records.*
4. SIGNED AFFIDAVIT (Attach)

DISABLED APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION:

1. PROOF OF DISABILITY (doctor's certificate)
2. PROOF OF INCOME (Less than \$20,000 gross income per household per year; all income must be included) - *Any one of the following: federal income tax return or social security statement of benefits. (Please note that this information must be updated annually by April 15 to maintain your special exemption rates.)*
3. PROOF OF RESIDENCY (12 months or longer) - *Usually city utility records.*
4. SIGNED AFFIDAVIT (Attach)