



Print the application, fill it out and bring it, with your PAAD card, to the Authority Business Office, located at 372 South Main Street, Williamstown, N.J.

I authorize that I am eligible to qualify for MMUA Discount Base Water & Sewer Rate program, because (1) I am 65 years or more of age, (2) I am less than 65 years of age and permanently and totally disabled according to the provisions of the Social Security Act or under any federal law administered by the United States Department of Veteran Affairs where the disability is rate 60% or higher (c 215 P.L. 1992 and c 78 P.L. 1994) and I meet the following qualifications:

A residential single family home owner, who utilizes the unit as the dwelling house of the system and meets the status criteria for the pharmaceutical assistance program and who possesses a valid identification card under the PAAD program (Pharmaceutical Assistance to the Aged & Disabled). (PAAD CARD MUST BE PRESENTED TO THE AUTHORITY)

"APPLICATION MUST BE RENEWED ANNUALLY"

Name

Address

Social Security Number

Account Number

Signature

Date

State of New Jersey _____)

County of Gloucester _____)

Be it remembered that on this _____ date of _____, 20_____, before me, a notary public authorized to take acknowledgments and proofs in said County and State, personally appeared

_____, of full age, and to me well known, and who, being by me duly sworn according to law, on his oath, does depose and make proof to my satisfaction that he did sign, seal and deliver the said instrument as his voluntary act and deed for the uses and purposes therein expressed.

(Notary Public)

My Commission expires: _____ (Date)