



City of Lansing

SEWER UTILITY CREDIT PROGRAM

TAX YEAR _____

Please submit the following documentation in order to receive your sewer utility credit:

1. Proof of income level (State of Michigan Tax Return, etc)
2. Proof of paid monthly sewer utility costs (BW&L latest statement)
3. Property parcel number (located on your property tax bill)

APPLICANT INFORMATION (please print)

Name: _____

Social Security #: _____

Address: _____

Property Parcel #: _____

Phone #: _____

BW&L account #: _____

COMPUTATION

Line 1 – Household income \$ _____

Line 2 – Maximum Income Ceiling (from Table 1) \$ _____

If Line 1 is greater than Line 2 STOP, you DO NOT qualify for this credit

If Line 2 is greater than Line 1 than proceed to Line 3

Line 3 – Annual Sewer Bill (Total of 12 Monthly Bills) \$ _____

Line 4 – Less 2% of household income (.02 x annual income) \$ _____

If Line 4 is greater than Line 3 STOP, you DO NOT qualify for this credit

If Line 3 is greater than Line 4 than proceed to Line 5

Line 5 – Subtract Line 4 from Line 3 \$ _____

If Line 5 is less than \$60 than Sewer Utility Credit = amount of Line 5 \$ _____

If Line 5 is greater than \$60 than Sewer Utility Credit = \$60

Line 6 – Sewer Utility Credit \$ _____

I declare that the information on this form is true and complete to the best of my knowledge.

Applicant's Signature _____

Date _____

Submit Form to:
City of Lansing
Income Tax Division
124 W. Michigan Avenue
Lansing, MI 48933

Form Must be Filed by June 30th