MOUNTAIN GREEN SEWER IMPROVEMENT DISTRICT
5455 West Old Highway Road; Mountain Green, UT 84050
mgsid1@gmail.com; 801-876-3416

APPLICATION FOR FINANCIAL ASSISTANCE DISCOUNT

- Please call the District office to schedule a private application meeting with the Manager and Secretary. All information exchanged in this meeting will be confidential. The Manager will prepare an anonymous report based on the information you provide in order to present your request to the Board for review and decision.
- Please bring this completed application to the District office. The District will make a copy of this application, but none of your other personal confidential information will be kept, copied, retained or made public record by the District.
- Once an application is received and the anonymous report is created, it will be presented to the MGSID Board of Directors at the next scheduled Board Meeting. Applicants will be notified of the Board's decision within the week following that meeting.
- If approved, MGSID will provide a 50% discount off the monthly sewer rate for any District resident when it is determined that there is a need for financial assistance.
- General financial guidelines for consideration are an adjusted gross income below 150% of the state poverty line, temporary job loss, medical losses or short term disability. Each case will be reviewed individually to determine a true financial assistance need without discrimination for age, marital status, ethnic background, sexual orientation or religious affiliation.
- Once approved, the discount will be provided for as long as the applicant resides in the residence or until the need for assistance no longer exists.
- This discount is only available for the residence occupied by the applicant.

NAME (PRINT):_____
First Name *Last Name*

PROPERTY ADDRESS:_____

CONTACT PHONE:_____ EMAIL:_____

MARRIED___ SINGLE___ # OF DEPENDENTS:_____ # OF RESIDENTS OCCUPYING THIS ADDRESS:_____

OTHER ADULT HOUSEHOLD MEMBERS

Name:_____ Age:_____ Relation:_____

Name:_____ Age:_____ Relation:_____

REASON FOR FINANCIAL ASSISTANCE REQUEST:_____

_____

PERMANENT NEED:____ TEMPORARY NEED:____ START DATE:_____ END DATE:_____

DO YOU OWN OTHER REAL PROPERTY? YES / NO ADDRESS:_____

I have read and I understand and agree to all of the terms listed above.

SIGNED:_____ DATE:_____

SIGNED:_____ DATE:_____

DATE OF APPLICATION MEETING:_____

DATE OF BOARD REVIEW:_____ APPROVED DENIED

Application Form Approved December 2, 2015