



SENIOR CITIZENS ASSISTANCE PROGRAM

2026

NEW APPLICANT

RENEWAL

Date: _____ Utility Billing Acct. No. _____

Name: _____

Address: _____

Addresses must be within City Jurisdiction and equal at least 12 continuous months

Phone # _____

Marital Status:

Married

Widowed

Divorced

Single

Date of Birth _____

City resident since? _____

How many people live in your household (not including yourself)? _____

LIST OF ALL ANNUAL INCOME FOR ENTIRE HOUSEHOLD:

PROOF OF ALL INCOME MUST BE ATTACHED

APPLICANT/SELF

Social Security \$ _____ SSI \$ _____

Retirement \$ _____ Other \$ _____

Investment \$ _____ **Total \$** _____

SPOUSE/OTHER

Social Security \$ _____ SSI \$ _____

Retirement \$ _____ Other \$ _____

Investment \$ _____ **Total \$** _____

Other Household Members

Annual Income: \$ _____ SSI \$ _____

Retirement \$ _____ Other \$ _____

Investment \$ _____ **Total \$** _____

INCOME GRAND TOTAL for ENTIRE HOUSEHOLD \$ _____

******FOR CITY USE ONLY******

Annual income

\$ _____

Proof of I.D. Attached

Proof of Income Attached

Notes:

I hereby certify that the above information is true and correct to the best of my knowledge

X _____

Applicant Signature **(REQUIRED)**

Current Photo ID Required

**CITY OF WINTER GARDEN
LOW INCOME SENIORS
UTILITY BILL ASSISTANCE**

Applications available at City Hall Reception Desk
300 W. Plant Street, Winter Garden, FL 34787

APPLICATION DEADLINE - MAY 1, 2026
PROOF OF INCOME MUST BE INCLUDED TO QUALIFY

PROGRAM QUALIFICATIONS:

- 65 years of age, or
- 62 years of age and receiving Social Security benefits, and
- CITY resident continuously for the past 12 months, PRIOR to your application date, and
- Water bill must be in your name and billed directly to you, and
- Gross Income for **ENTIRE HOUSEHOLD MUST NOT EXCEED 60% OF THE FEDERAL POVERTY INCOME GUIDELINES:**

Income Guideline Chart

Persons in family/household	Max Annual Household Income
1	\$25,040
2	\$33,840
3	\$42,640
4	\$51,440
5	\$60,240
6	\$69,040
7	\$77,840
8	\$86,640

MUST Submit copies of:

- 2026 Social Security Benefit Statement, or
- 2025 Federal Income Tax Return, and
- ALL other proof of income

Those qualified for the program will see a reduction of up to 90% of base charges each month on their Utility Bill, beginning May 2026.

ONLY RESIDENTS THAT DO NOT QUALIFY WILL BE NOTIFIED

For information contact Utility Billing office (407) 656-4100.

Return Application & Income Proof to:

City of Winter Garden
Attn: Utility Billing Office
300 West Plant Street
Winter Garden, Florida 34787

**YOU MUST
RENEW
EACH YEAR**