



CITY OF NOGALES
APPLICATION FOR LOW INCOME RATE CLASSIFICATION

Name: _____
Address: _____
City: _____
State: _____
ZIP Code: _____

Account Number: _____

Acceptable evidence for eligibility are:

- 1. Evidence that the resident is receiving State or Federal Income.**
- 2. Evidence of Housing or Food assistance.**
- 3. Evidence of Disability or Unemployment benefits.**

Applicant's Signature: _____

Date: _____

Your typed signature will be used to validate this form