



NOTICE TO ALL REDUCED SEWER RATE CLAIMANTS

To comply with the Franklin Township Sewerage Authority's "Rates, Rules & Regulations" Reduced Sewer Rate for the year 2025, you must **complete, sign, and return the enclosed form to Franklin Township Sewerage Authority.**

The Rate for 2025 will be \$339.40 annually and \$84.85 per quarter.

This **application must be completed and submitted every year to receive the sewer rate reduction.** If the application is not received, this reduction will not be approved and will be removed from your account.

If you have any questions, please contact the Franklin Township Sewerage Authority Office located at 70 Commerce Drive, Somerset, NJ 08873, or call our Billing office at (732) 873-2121.

Franklin Township Sewerage Authority

REDUCED SEWER RATES ELIGIBILITY CRITERIA

Reduced Rate User - The person residing in a dwelling house owned by her/him to whom charges for sewerage services are charged or from whom they are collected, and who is of the age of 65 or more years, or less than 65 years of age and permanently and totally disabled according to the provisions of the Federal Social Security Act, 42 U.S.C. Section 301 et seq., or disabled under any Federal Law administered by the United States Department of Veterans Affairs if the disability is rated as 60% or higher, and the person either is annually eligible to receive assistance under the "Pharmaceutical Assistance to the Age and Disabled" (PAAD) Program, PL 1975, c.194 (C.3o:4D-20 et seq.) or has a total income not in excess of \$10,000 per year exclusive of benefits under any of the following:

- A. The Federal Social Security Act 42 U.S.C. Section 301 et seq. and all amendments and supplements thereto;
- B. Any other program of the Federal government or pursuant to any other federal law which provides benefit in whole or in part in lieu of benefits referred to in or for persons excluded from coverage under Subsection A of this Section including, but not limited to the Federal "Railroad Retirement Act of 1975, 45 U.S.C. Section 231 et seq., and Federal pension disability and retirement programs; or
- C. Pension, disability or retirement program of any state or its political subdivision, or agencies thereof, for person not covered under subsection A of this section except that the total amount of benefits to be allowed exclusion by any owner under subsection B or C of this section shall not to be in excess of the maximum amount of benefits payable to and allowed for exclusion by an owner in similar circumstances under subsection A of this section.

Service Rate for Reduced Rate User

The reduced rate user shall be entitled to a 15% reduction on the yearly charge as indicated in Appendix B of the Rates, Rules and Regulations under section IV-C Prevailing Rates

Application for Reduced Rates

Any person seeking to qualify him/herself as a reduced rate payer shall file a written application with certifying documentation to the Franklin Township Sewerage Authority (FTSA) certifying they have met all the requirements of the definition of the reduced rate payer. The (FTSA) will review the application and approve or disapprove the application. If disapproved (FTSA) shall provide a written explanation to the applicant.

Certifying Documents

Any person seeking to qualify him/herself shall provide the following documentation

- (A) The previous year 1040 tax form
- (B) Copy of Deed
- (C) Copy of township tax and water reduce Rate Documents

Effective Date of Reduce Rates:

The reduced rate shall be effective the next billing cycle after approval of the application for discount rates.

2025 REDUCED SEWER RATE APPLICATION FORM

Every eligible claimant for a reduced sewer rate, as per the attached eligibility criteria, should read, complete, sign and return this form. It must be completed and filed annually with the Franklin Township Sewerage Authority one month prior to the 1st Quarter billing of each New Year.

Property Owner: _____

Property Address: _____

Described as: BLOCK _____ LOT _____ QUALIFIER _____

Sewer Account Number: _____

Owner Telephone Number: Area Code (____) _____

I _____ hereby declare that I own and reside at the above-mentioned address.

BIRTHDATE: _____

DATE _____ Signature of Claimant _____

NOTE: Failure to file this statement with the Sewerage Authority or failure to submit any additional proof of income, which may be required by the collector, or a determination that claimant's income during the billing year exceeded the applicable limit, will result in disallowance of the deduction granted from the sewer with respect to the applicable billing year or may jeopardize the continuation of the sewer deduction for the current billing year. Claimants who fail to comply herewith or whose income exceeds the applicable limit during the applicable billing year, will be required to repay the amount the deduction granted, on or before the 1st billing quarter of the current year and if unpaid, the said amount shall constitute a lien on the property, and in addition, become a personal debt of the delinquent claimant or, where an extension of time for filing has been granted, no later than 25 calendar days after the expiration of said extension, after which time if unpaid, said sewer billing shall be delinquent, constitute a lien on the property, and in addition, the sewer shall be a personal debt of said person.