

Brooklyn Park

Income Eligible Water Efficient Toilet Replacement Rebate Application

Applicant Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (optional): _____ **E-mail (optional):** _____

Installation Address (if different from above)

Address: _____

City: Brooklyn Park **State:** MN **Zip:** _____

Water Utility Bill Account # _____

Toilet Purchased and Installed:

Make: _____ **Model:** _____ **Date of Purchase:** _____

Make: _____ **Model:** _____ **Date of Purchase:** _____

Please attach the receipt indicating the purchase date, make and model of the item(s) purchased. Include a photo of the package showing the WaterSense logo. See page two for document(s) required to determine income eligibility.



Customer Agreement: My signature indicates that the information provided is true, I have read and understood the rebate program guidelines, and that I comply with the City of Brooklyn Park rebate program requirements. Upon compliance, a rebate will be distributed if funding is available. I will allow a representative of the City of Brooklyn Park to verify the installation if requested.

Signature: _____ **Date:** _____

How did you learn about this program? _____

Send completed application to: Water Efficiency Rebate, City of Brooklyn Park, 5200 85th Ave. N, Brooklyn Park, MN 55443 or email to BPOM@BrooklynPark.org

For Official Use Only	
Date Received: _____	Receipt and logo attached: _____
Total Allowable Rebate: _____	Verified by: _____
Comments: _____	



**Income Verification
Water Efficient Toilet Replacement Rebate**

Applicant Name: _____

Income is determined by the Adjusted Gross Income from the most recent tax return and household size. If the borrower(s) are not required to file a tax return the income will be determined by the projected gross income.

Year 2025: Maximum Household Income

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$72,950	\$83,400	\$93,800	\$104,200	\$112,550	\$120,900	\$129,250	\$137,550

What is your household size: _____

What was the total of adjusted gross income of all household members according to your most recent 1040 tax return: _____

Proof of Income (check one and include corresponding document(s):

- If you are employed as a wage earner: provide two current and consecutive payroll statements showing year-to-date information with a copy of the most recent W2
- If you are retired: provide your social security award or pension award or bank statement clearly showing deposit of benefits
- If you are self-employed: provide the past two years of 1040 Federal tax returns, including all schedules, 1099s and K-1s

Acknowledgement

All of the statements and claims made herein are true and correct. Pursuant to 18 USC § 1001, 31 USC § 3729, et seq., and 24 CFR Part 28, false or fraudulent statements or claims are subject to up to 5 years imprisonment and civil penalties up to \$10,000 plus up to 3 times the amount of damages sustained by the Government for each fraudulent act committed.

Signature: _____ Date: _____