

**METROPOLITAN CEBU WATER DISTRICT**

**APPLICATION FOR  
SENIOR CITIZEN CENTER DISCOUNT AVAILMENT**

**NAME:** \_\_\_\_\_ **CODE NO.** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **ACCNT. NO.** \_\_\_\_\_

**DOCUMENTARY REQUIREMENTS SUBMITTED:**

**APPLICATION FORM**

**COPY OF SEC REGISTRATION WITH ARTICLES OF INCORPORATION or  
CHARTER IN THE CASE OF GOVERNMENT RUN INSTITUTIONS**

**PROOF OF ACCREDITATION WITH DSWD**

**AUTHORIZATION LETTER OF THE REPRESENTATIVE**

**VALID ID**

**( OF THE REPRESENTATIVE )**

**CONDITIONS FOR THE AVAILMENT:**

- 1 The Senior Citizen Centers, residential care institutions or group homes must be duly accredited with DSWD.
- 2 It must either be a government-run institution or organized or operated by a non-stock non-profit domestic corporation
- 3 Its purpose is for the promotion of the well-being of abandoned, neglected, unattached or homeless senior citizens.
- 4 It must be in operation for at least six (6) months already.

\_\_\_\_\_  
NAME OVER SIGNATURE OF APPLICANT      Date

\_\_\_\_\_  
EVALUATED BY

\_\_\_\_\_  
RECOMMENDED APPROVAL

\_\_\_\_\_  
APPROVED

**METROPOLITAN CEBU WATER DISTRICT**

**APPLICATION FOR  
SENIOR CITIZEN DISCOUNT AVAILMENT**

<b>NAME:</b>	<b>CODE NO.</b>	
<b>DATE OF BIRTH:</b>	<b>ACCNT. NO.</b>	
<b>DOCUMENTARY REQUIREMENTS SUBMITTED:</b>		
<input type="checkbox"/> <b>APPLICATION FORM</b>		
<input type="checkbox"/> <b>PICTURE HOLDING THE LATEST NEWSPAPER</b>		
<input type="checkbox"/> <b>PROOF OF RESIDENCE / BARANGAY CLEARANCE</b>		
<input type="checkbox"/> <b>VALID SENIOR CITIZEN CARD ID NO.</b>		
<input type="checkbox"/> <b>OTHER ID<sub>s</sub> PRESENTED.</b>		
<input type="checkbox"/> <b>AUTHORIZATION LETTER ( IF APPLYING THROUGH REPRESENTATIVE )</b>		
<input type="checkbox"/> <b>GOVERNMENT ISSUED ID ( OF THE REPRESENTATIVE )</b>		
<b>CONDITIONS FOR THE AVAILMENT:</b>		
1 THE SENIOR CITIZEN MUST BE A RESIDENT OF THE HOUSEHOLD.		
2 CONSUMPTION SHOULD NOT EXCEED 30 CUBIC METERS.		
3 THIS IS GRANTED BY HOUSEHOLD REGARDLESS OF THE NUMBER OF SENIOR CITIZENS LIVING THEREIN.		
4 METER REGISTRATION SHOULD BE IN THE NAME OF THE SENIOR CITIZEN FOR A PERIOD OF ONE YEAR.		
_____		
NAME OVER SIGNATURE OF APPLICANT      Date		
_____	_____	_____
EVALUATED BY	RECOMMENDED APPROVAL	APPROVED