SENIOR RATE MONTHLY CREDIT

If you are 65 or more years of age and have a total family income of less than 200% of federal poverty level for a family of 2, as established by the Department of Health and Human Services OR you are totally and permanently disabled according to the Supplemental Security Income (SSI) definition of disability and have a total family income of less than 200% of federal poverty level for a family of 2, as established by the Department of Health and Human Services, you may qualify for a monthly $25 utility bill credit.

- City of Camden customers are required to confirm their status at least once per year.
- A customer is entitled to one Utility Rate Credit per month, regardless of the number of accounts held by the customer.

FREQUENTLY ASKED QUESTIONS

HOW OFTEN IS MY METER READ? Monthly

HOW OFTEN IS MY ACCOUNT BILLED? Monthly

WHAT METHODS OF PAYMENTS DO YOU ACCEPT? Cash, check, debit/credit card or money order are accepted. There is a 2.5% convenience fee for all debit or credit card transactions.

You may also authorize an automatic bank draft each month. You can find the bank draft application on our website (use the QR code below or visit cityofcamden.org for more information and to download the application) and bring to City Hall with a voided check, or email to Stephanie Bowers, sbowers@camdensc.org, with a photo of a voided check. Please make sure both routing and account numbers are visible.

DO YOU HAVE ONLINE BILL PAY? Yes. You can review, print and pay your utility bill online. We accept debit/credit cards online. The 2.5% convenience fee for debit/credit cards also applies to online payments.

ADDITIONAL RESOURCES

If you are having difficulty paying your utility bill, there are a variety of community resources available to assist.

Wateree Community Actions - Kershaw County Office  
803-722-0059  
United Way of Kershaw County  
803-432-5456  
Christian Community Ministries  
803-432-1431

Senior Rate Credit for Camden Utility Customers

For questions or disputes concerning your bill, please contact our Finance Dept. during business hours (8:15 am - 5:00 pm, Monday through Friday) at City Hall, 1000 Lyttleton Street, 803-432-2421.
Application for Senior Rate Credit

By submitting this application, I acknowledge that any discount I may qualify for is made available solely at the City of Camden’s discretion and only while the Senior Rate Credit remains in effect, and that the City of Camden may elect to modify or discontinue the Senior Rate Credit at any time.

Applicant/Account Holder Name: __________________________________________

Account Number: ________________________________________________________

Email Address: __________________________________________________________

Daytime Phone: __________________________________________________________

Address: _______________________________________________________________

Address 2: ______________________________________________________________

City: __________ State: ______ Zip Code: ______________________

To qualify for this discount, I certify that the following information is accurate:

My date of birth: ______________

My total annual combined gross household income is: ______________________

The number of persons in my household is: ________________________________

☐ I understand that this credit, approved by the City of Camden City Council, entitles me to one $25.00 credit, regardless of the number of accounts held in my name.

☐ I further understand that I must meet the following criteria as of the date of this application in order to qualify for the credit. I hereby affirm that the following is true:

☐ I am sixty-five (65) years of age or older. (A copy of my driver’s license, photo ID or birth certificate is attached.)

☐ The total annual total family income is less than 200% of the federal poverty level for a family of 2 as established by the Department of Health and Human Services. (A copy of my most recent tax return is attached.)

OR

☐ I am total and permanently disabled according to the Supplemental Security Income (SSI) definition of disability. (A copy of SSI Direct Deposit from your banking institution or approval letter from SSI.)

☐ The total annual total family income is less than 200% of the federal poverty level for a family of 2 as established by the Department of Health and Human Services. (A copy of my most recent tax return is attached.)

Please email completed application and required documentation attachments to dcourtney@camdensc.org.

NOTE: The information provided is subject to audit and verification as deemed necessary by the City of Camden. The applicant agrees to notify the City of Camden immediately of any change in circumstances that make the applicant ineligible for the Senior Rate Credit. If you have any questions, please call City Hall at 803-432-2421.