



Low Income Senior Citizen and Low Income Disabled Person's Utility Rate Application Form

(Authorized by City of Selah Resolutions No. 3252, 3253 & 3254)

A **"Low Income Senior Citizen"** is a person who occupies a dwelling unit and is sixty-two (62) years of age (or older), and whose income, combined with the income of other household occupants, if any, for the calendar year preceding was less than:

Household <u>Size</u>	Annual Household <u>Income</u>
1	\$30,000
2	\$39,000
3	\$48,000
4	\$57,000

A **"Low Income Disabled Person"** is a person who occupies a dwelling unit and qualifies for special parking privileges under RCW 46.16.381 (1) (a) through (f) or a blind person as defined in RCW 74.18.020(4) or developmentally disabled as defined in RCW 71A.10.02(2) or a mentally ill person as defined in RCW 71.05.02(1) and whose income, combined with other household occupants, if any, for the calendar year preceding was less than:

Household <u>Size</u>	Annual Household <u>Income</u>
1	\$30,000
2	\$39,000
3	\$48,000
4	\$57,000

Proof of such income must be provided with your application.

NOTE: The information contained in this application is considered confidential.

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LOW INCOME SENIOR CITIZEN OR

LOW INCOME DISABLED PERSON DISCOUNT

Utility Account Number _____

Name of Applicant _____ Date of Birth _____

Address _____
Street _____ City _____ State _____ Zip _____

Telephone Number _____

Number of Occupants in Household _____

STATEMENT OF INCOME (Proof of Income Required with Application)

	<u>Applicant</u>	<u>Other Household Occupants</u>
Social Security Benefits	\$ _____	\$ _____
Pension/Retirement Benefit	\$ _____	\$ _____
Disability Benefit	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
TOTAL INCOME	\$ _____	

I hereby certify under penalty of perjury that the above Statement of Income is true and correct. I further agree to cooperate with any efforts of the City Finance Director to verify any of the above statements, if necessary.

(Applicant Signature)

(Date)

FOR CITY USE ONLY

Application: _____ Approved _____ Denied

Comments: _____

Finance Director _____

Signature

Date