



CITY OF SELAH

115 West Naches
Selah, WA 98942

PHONE 509-698-7328
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CITY OF SELAH

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

(Authorized by City of Selah Ordinances No. 1129 & 1130)

A "**Low Income Senior Citizen**" is a person who occupies a dwelling unit, where either the person or the person's spouse is sixty-two (62) years of age (or older), and whose income, combined with the income of the spouse, if any, for the calendar year preceding was fifteen thousand dollars (\$15,000) or less. **Proof of such income must be provided with your application.**

A "**Low Income Disabled Person**" is a person who occupies a dwelling unit and who 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. 1 0.02(2) or a mentally ill person as defined in RCW 71.05.02(1) and whose income, combined with the income of the spouse, if any, for the calendar year preceding was fifteen thousand dollars (\$15,000) or less. **Proof of such income must be provided with your application.**

Income: Only two-thirds of any Social Security Benefits, two-thirds of any Retirement Pension, two-thirds of any Disablement Pension and full amount of any other income shall be considered as income for this purpose.

If you meet the above requirements, please complete this form and return it with proof of income to:

Clerk-Treasurer's Office
City of Selah
115 W Naches Ave
Selah, W A 98942

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

CITY OF SELAH

APPLICATION FORM

LOW INCOME SENIOR CITIZEN OR

LOW INCOME DISABLED PERSON DISCOUNT

Utility Account Number _____

Name of Applicant _____ Date of Birth _____

Name of Co-applicant _____ Date of Birth _____

Address _____
Street City State Zip

Telephone Number _____

**STATEMENT OF INCOME
(Proof of Income Required with Application)**

	<u>Applicant</u>	<u>Co-Applicant</u>
Social Security Benefits (2/3 only)	\$ _____	\$ _____
Pension/Retirement Benefit (2/3 only)	\$ _____	\$ _____
Disability Benefit (2/3 only)	\$ _____	\$ _____
Other Income (full amount)	\$ _____	\$ _____
TOTAL COMBINED 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 Clerk/Treasurer to verify any of the above statement, if necessary.

(Applicant Signature) (Date)

(Co-applicant Signature) (Date)

FOR CITY USE ONLY	
Application:	_____ Approved _____ Denied
Comments:	_____
Clerk/Treasurer	_____ Date _____