



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

(Authorized by City of Selah Resolutions No. 2823, 2824 & 2825)

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	\$ 26,000
2	35,000
3	44,000
4	53,000

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. 1 0.02(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	\$ 26,000
2	35,000
3	44,000
4	53,000

Proof of such income must be provided with your application.

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 _____

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 Clerk/Treasurer to verify any of the above statements, if necessary.

(Applicant Signature) (Date)

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