



## 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.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	\$ 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	\$ _____	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	

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 \_\_\_\_\_