

Account No. \_\_\_\_\_

**CITY OF CHEHALIS**

**LOW INCOME SENIOR CITIZEN OR TOTALLY DISABLED CITIZEN\*  
UTILITY RATE DISCOUNT APPLICATION**

**Applicant:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I own / rent my place of residence. (Circle correct one)

Yes / No the said utility account at this residence is in my name. (Circle correct one)

Number of people in household \_\_\_\_\_

My gross income for 2016, including the gross income of my spouse/co-tenant, is:

- |                                    |                 |
|------------------------------------|-----------------|
| 1. Social Security Income          | \$ _____        |
| 2. Federal Civil Service           | \$ _____        |
| 3. Railroad Retirement             | \$ _____        |
| 4. All Other Retirement Income     | \$ _____        |
| 5. Wages/Salaries/Unemployment     | \$ _____        |
| 6. Disability Income               | \$ _____        |
| 7. Interest Income and Dividends   | \$ _____        |
| 8. Net Income from Rental Property | \$ _____        |
| 9. Gift, Trust or Estate Income    | \$ _____        |
| 10. Income from Any Other Source   | \$ _____        |
| <b>TOTAL</b>                       | <b>\$ _____</b> |

**SEE REVERSE SIDE**

The term "income" as used herein shall mean gross income as defined in Section 61(a) of the Internal Revenue Code of 1954, plus any and all Social Security Retirement and/or Disability payments, Railroad Retirement Board Pension and/or Disability payments, and payments received from any other pension, retirement, profit sharing and disability plans, and unemployment compensation. The term "low income senior citizen customer" shall mean a person who is 62 years of age or older and whose total income, including that of his or her spouse or co-tenant(s), does not exceed the amount established by the HUD Metropolitan Income limits (for 2016 this is \$32,450 for a single person household, \$37,050 for a two person household, \$41,700 for a three person household and \$46,300 for a four person household).

**\*Proof of income required, attach copy of previous year's Federal Income Tax return**

**STATE OF WASHINGTON; COUNTY OF LEWIS)**

The undersigned applicant, being first duly sworn, on oath deposes and says: That all of the above statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Notary Public in and for the State of

Washington residing at \_\_\_\_\_

My name is (printed): \_\_\_\_\_

My appointment expires \_\_\_\_\_

\*Totally disabled as classified by the Social Security Administration.

Approved \_\_\_\_\_, 2016

Denied \_\_\_\_\_, 2016

\_\_\_\_\_  
City Official