

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 2019, 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 | \$ _____ |
| TOTAL | \$ _____ |

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 Income limits (for 2020 this is \$37,700 for a single person household, \$43,100 for a two-person household, \$48,500 for a three-person household and \$53,850 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 _____, 2020.

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 _____, 2020

Denied _____, 2020

City Official