

Utility Account #:

Head of

Application for Reduced Utility Rates for Senior Citizen Low Income Households

Single Person \$33,096 -/- Couple's \$52,954

If a single person, have an income, from all sources whatsoever, not to exceed 25% of the median income for a family of four in the State of Washington, or if multiple persons, have income, from all sources whatsoever, not to exceed 40% of the median income for a family of four in the State of Washington. Median income shall be established by Title XX of the Social Security Act and the Washington States Senior Citizens Services program, Guidelines for Income Resources, WAC 388-17-160(1976), including any amendments thereto.

NBMC 13.04.062 * Income subject to change based on annual State of Washington Guidelines.

Household:				
Spouse:				
Mailing Address:				
City, State, Zip:				
Telephone:				
1 THROUGH 4, AND RENTE	orth Bonneville's Senior Citizen Low Income Discount, the applicant(s) MUST MEET NUMBERS AS MUST HAVE LANDLORD FILL OUT NUMBER 5 of the following criteria and supply the proper copriate box(s). Proof can be any of the following:			
1) Age:	62 years of age or older. Provide Birth Certificate, Driver's License, WA State ID Card, or Social Security Statement			
2) Income:	Prior year's income tax form 1040 or all income related documents. If you did not file form 1040, provide proof of income such as: social security statement, bank statement reflecting Social Security direct deposits, and interest income. List additional household residents over 18 years of age, provide proof of income for individuals: Name(s):			
3) Head of House	hold: By checking this box, I certify that I am the head of household for the above			
4) Renter:	Copies of utility bills, driver's licenses, or WA State ID Card.			
5) Landlord/Owner Statement: I understand that as the owner of this property, I am responsible for the water, sewer, and garbage bill and that this discount is designed to assist the renter, not the owner. I certify that I have a written agreement with my tenant that stipulates the tenant pay the utility bill. I will also notify the city if this tenant moves out of the residence at the above address.				
Landlord Name:	Phone:			
Address:				
Signature:	Date:			

I hereby apply for the discount for my utility services and certify under the penalties of law that to the best of my knowledge all statements on this form are true.

Applicant's Signature	Date	Co-Applicant's Signature	Date

Return forms to: City of North Bonneville - PO Box 7, North Bonneville, WA 98639 info@northbonneville.net (509) 427-8182

For office use only:

STAFF: REMEMBER TO ASK IF A DOCUMENT IS NOT ATTACHED

Age: (circle docs received)	Residence: (circle which applies)	
WADL or WA state ID	Address Check - from WADL or ID	
Birth Certificate	Address Check – on utility bill	
Social Security Statement		

Income:

1040 adjusted gross income – line 37:	\$ annually
SS/SSI Income (net deposit amount):	\$ annually
Interest Income:	\$ annually
Bank Statement (net SS/SSI deposit & interest amount):	\$ annually
Total Household Income:	\$ annually

Date Received:	Received by:	
Documentation Attached:	Verified by:	
App Approved/Denied?	Reason for Denial?	
Billing date for discount start	Entered:	