

**UTILITY DISCOUNT
APPLICATION**
(Water, Sewer, and Garbage Service)

The City of Leavenworth offers a discount rate on utility services for customers who qualify as low-income and disabled, or as low-income senior citizens. There is an additional rate reduction for those living at or below poverty level. Check the boxes below to see which program you qualify for.

Low income discount: For residents age 62 or older, or for disabled residents with a combined household income of **\$30,000** per year or less, with **no other assets or holdings besides their principal place of residence**. Applicant(s) must be a resident within the city service area, **live in and own** the dwelling in which they are paying the utility bill for.

At or below poverty level: For residents age 62 or older, or for disabled residents with a combined household income of **\$15,000** per year or less. Same restrictions apply as above.

Along with the completed application, the following items **MUST** be attached:

Proof of age (if low-income senior)

A photocopy of driver's license or birth certificate

Proof of permanent disability (if under 62)

A letter from your doctor stating permanent disability

Proof of income

Eligibility is determined by the HOUSEHOLD income received by you, your spouse, your children, and any non-family members who live in the household. TOTAL household income may not exceed guidelines above.

Income includes ALL sources, whether or not they are taxable for federal income tax purposes. Some of the most common sources of income include:

- Social Security benefits
- Wages, salaries, and tips
- Retirement benefits, IRA's, capital gains, Pensions, and Annuities
- Unemployment benefits
- Veterans benefits
- Disability benefits
- Welfare, food stamp benefits
- Child support
- Interest and dividend receipts
- Business income (depreciation and losses may NOT be deducted)
- Rental income (depreciation and repairs may NOT be deducted)

Verification:

- 1. All persons applying need to fill out the proper application form and submit the application with the above requirements along with a copy of the last tax return filed or optional method identified below and your two most recent bank statements. For disabled applicants, proof of disability must be provided.**
2. In order to stay eligible for the program, the applicant must verify with the City of Leavenworth that they are still eligible, and re-apply every two years by filing a new application.
3. If the applicant moves from the residence, he or she must notify the city immediately.
4. If the applicant's income or disability status changes, a report must be filed with the city immediately.
5. If the City denies the request for the reduced rate, the applicant will be notified by mail informing them of the denial.
6. If false information is submitted to the city for the reduced rate, applicant shall be subject to the perjury laws of the State of Washington and any exemption granted through erroneous information shall be subject to the correct billing being assessed for the last three years, plus a 100% penalty.

City of Leavenworth

Utility Relief Program Application for Low Income Senior (at least 62 years) and Disabled Low Income Residents.

Customer Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: _____

Have you lived at this address since January of tax relief year? (Circle) Yes or No

Verification of income level

Income may be verified as according to the following methods:

A. Federal Tax Return

(A copy of your most recent return must be attached to this application as proof for verification)

Please indicate your total annual household income:
\$ _____

B. If you do not prepare a federal tax return, complete the following and attach copies of statements as proof for verification.

- 100% Social Security which includes part B Medicare \$ _____
- Pensions, Annuities, Retirement \$ _____
- Interest & Dividends \$ _____
- Wages \$ _____
- Business/Rental Income before depreciation \$ _____
- All other income (including capital gains) \$ _____

I swear under the penalties of perjury that all of the foregoing statements are true. I agree to provide further documentation of age, income, residence, or disability upon request, and I authorize the City of Leavenworth to verify this information through direct inquiry with the source agencies.

Signature of Claimant

Date

Signature of Claimant (if joint)

For Department Use Only

Date Application Received: _____

Low Income Verified: YES NO

Additional Hardship Verified: YES NO

Approved: _____

Disapproved: _____

Reason:

Authorized Signature: _____