CITY OF LEAVENWORTH
UTILITY DISCOUNT APPLICATION
Water, Sewer, and Waste Management Garbage Service Discounts

The City of Leavenworth offers a discounted rate on utility services for customers who qualify as low-income senior citizens and/or disabled. There is an additional hardship rate reduction for those living at or below poverty level. Check the boxes below to review the qualifications.

Low-income discount: For residents age 62 or older, or for disabled residents with a combined household income of **$50,000** 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 or rent** the dwelling for which they are paying the utility bill. Additional requirements must be met if you rent the unit.

At or below poverty level: For residents age 62 or older, or for disabled residents with a combined household income of **$25,000** per year or less. Same restrictions apply as above for low-income discount.

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

☐ **Proof of Property Ownership or Rental**

Owner: A copy of your property tax statement with the name on the property matching the name on the utility account.

Rental Unit: You must live in the unit full-time, the unit must be in the applicant's name with the City, and a copy of your current lease agreement is required. In the case of a multiunit where the property owner pays the utility and has separate meters for each unit, a copy of the qualifying tenant lease agreement will be accepted for the applicant's unit. If the multiunit has only one meter serving multiple units, all tenants would have to qualify for the discount.

☐ **Proof of Age (if low-income senior)**
A photocopy of driver's license, passport or birth certificate.

☐ **Proof of Permanent Disability (if under 62)**
A letter from your doctor stating permanent disability.

☐ **Income Verification Requirements**
Income Verification must be attached. Income verification will be a copy of the last tax return filed and your two most recent bank statements. See optional method identified below in section B under Verification of Income Level if you do not file a tax return.

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
- Veteran 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)

Requirements

1. To stay eligible for the program, the applicant must re-apply every two years by filing a new application to verify continuing qualification.

2. If the applicant moves from the residence, he or she must notify the City immediately.

3. If the applicant's income or disability status changes, a report must be filed with the City immediately.

4. If the City denies the request for the reduced rate, the applicant will be notified by contact via phone or mail informing them of the denial.

5. 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.

Customer Name: _____

Address: _____

City/State: _____Zip Code:_____

Telephone Number: _____

Verification of Income Level

Please indicate your total annual household income:

$ _____

A. Federal Tax Return

- ❑ A copy of your most recent return must be attached to this application as proof for verification; and

- ❑ 2 Months of most recent bank statements must be provided for each account.

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

- ❑ 2 Months of most recent bank statements must be provided for each account.
- ❑ 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: _____