



## UTILITY DISCOUNT APPLICATION

The City of Lacey offers a 50% discounted rate on utility services (water, sewer, and stormwater) for residential customers who qualify as:

- Low-income **AND** disabled

OR

- Low income **AND** over 62 years old

Once a customer qualifies for this program, the discount rate will become effective on the next billing cycle. You must reapply every two (2) years to continue receiving the discount.

### **PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

#### **1. Proof of current income for all members of the household (required)**

- Annual social security award letter or SSA-1099 statement (if you are not required to file taxes and this was the only income). **Bank statements are not accepted as proof.**

OR

- A copy of each member of the household's most recent tax return.

#### **2. Proof of all other income (for example: food or rental assistance; retirements/pensions; dividends/interest; etc. – see page 3).**

#### **3. Proof of identification and age**

- usually in the form of a driver's license or state-issued ID

#### **4. Proof of disability in the form of:** (per [Lacey Municipal Code 13.32.032](#))

- Social Security disability statement
- Veterans' disability award Letter

***If you would like help with this application, please contact Utility Billing at 360-491-5616.***



## DECLARATION OF COMBINED TOTAL HOUSEHOLD INCOME

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

• Total Social Security benefits for all household members	\$ _____/mo.
• Total Federal Civil Service, Railroad, or Military Retirement	\$ _____/mo.
• Total wages, salaries, tips, and consulting fees	\$ _____/mo.
• Total retirement benefits, IRA's, pensions and annuities	\$ _____/mo.
• Total unemployment benefits and public assistance	\$ _____/mo.
• Veterans benefits	\$ _____/mo.
• Disability benefits	\$ _____/mo.
• Food Assistance	\$ _____/mo.
• Housing/Rent Assistance	\$ _____/mo.
• Interest and dividend receipts	\$ _____/mo.
• Business Income (depreciation and losses may <u>not</u> be deducted)	\$ _____/mo.
• Rental Income (depreciation and repairs may <u>not</u> be deducted)	\$ _____/mo.
• All other Income	\$ _____/mo.
<b>SUBTOTAL</b>	\$ _____/mo.
<b>MINUS</b> amount paid directly to nursing home for care of spouse or amount paid for in-home care.	\$ _____/mo.
<b>TOTAL MONTHLY INCOME</b>	\$ _____/mo.
	x 12 months
<b>TOTAL ANNUAL INCOME FOR ALL HOUSEHOLD MEMBERS</b>	\$ _____/yr.

**Please include proof for all incomes listed above. Failure to provide the necessary information may cause a delay and/or possible denial of application.**

**I (we) declare under penalty of perjury under the laws of the State of Washington, the foregoing is true and correct. Verification of any of the information contained in this application may be obtained from any source named herein.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR CITY USE

Documentation reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Application approved by: \_\_\_\_\_ Date \_\_\_\_\_