

2021

**CITY OF SULTAN
LOW INCOME SENIOR CITIZEN / LOW INCOME PERMANENTLY DISABLED
UTILITY RATE REDUCTION APPLICATION**

Name: _____ Utility Account #: _____

A. My service address is: _____

B. My telephone number is: _____

C. I own/rent my place of residence and it is situated within the City limits of the City of Sultan and the above referenced utility account is in my name.

D. My combined annual household income is: (Please Check One)

_____ 1 person household – less than \$19,140 yearly or \$1,595 monthly

_____ 2 person household – less than \$25,860 yearly or \$2,155 monthly

_____ 3 person household – less than \$32,580 yearly or \$2,715 monthly

_____ 4 person household – less than \$39,300 yearly or \$3,275 monthly

*You must provide documentation of your income (such as S.S. statement or bank statement)

This income figure includes all earned income as well as retirement income, social security benefits, disability benefits, investment income, interest income, capital gains, and net rental income from all real estate. A credit against annual household income for property taxes (with proof) shall be used in calculating whether an applicant is qualified for the discount or not. My income does not exceed the above-indicated amount. I hereby make application for a utility rate reduction.

AFFIDAVIT: I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Verification:

Income _____ Age _____ Disability _____

This individual:

Is eligible for a utility rate discount.

Is NOT eligible for a utility rate discount for the following reason: _____

Authorized Signature

Date

DEFINITIONS AND INSTRUCTIONS

SENIOR CITIZEN – for the purpose of this program, “senior citizen” means those individuals sixty-two (62) years of age, or older, on or before January 31st of the year of filing. Proof of age may be required at the time of application.

PERMANENTLY DISABLED – for the purposes of this program, “permanently disabled” means unable to engage in substantial gainful activity by reason of medically determinable physical or mental impairment as evidenced by S.S. Disability Statement or Disabled Placard card.

LOW INCOME – for the purpose of this program, “low income” is based on 125% of the Federal Poverty Guidelines as defined by the Washington State Community, Trade and Economic Development and is described as follows:

- 1 person household – less than \$19,140 yearly or \$1,595 monthly
- 2 person household – less than \$25,860 yearly or \$2,155 monthly
- 3 person household – less than \$32,580 yearly or \$2,715 monthly
- 4 person household – less than \$39,300 yearly or \$3,275 monthly

Combined household income from all sources for the preceding calendar year shall be less than the above-specified amount for household size. Income shall include earned income as well as retirement income, social security benefits, disability benefits, investment income, interest income, capital gain, and net rental income from real estate. Assets shall not exceed the above-specified amount, exclusive of one (1) vehicle and the residence for which application for utility rate reduction is made in accordance with City Ordinance.

ANNUAL FILING – Application for utility rate reductions pursuant to this chapter shall be filed annually not later than February 1st of the qualifying year. First time applicants must renew their applications annually by this date as well.

APPLICATION DOCUMENTS – The applicant must provide documentation in support of the affidavit and the applicant shall provide the City Clerk/Representative with such documents prior to approval.

ELIGIBLE HOUSING – At any time of application, the person making the claim must be the primary resident in the premises for which the utility rate reduction claim is made and the utility account shall be in the name of the person making the application.

RATE REDUCTION: QUALIFICATION – Low-income elderly persons shall be entitled to utility rate reductions defined in the most current ordinance. The City Clerk shall determine whether the applicant is qualified for a utility rate reduction under this ordinance. Only one (1) reduction is permitted per household.

The application must be prepared by the Clerk or his/her representative of the City of Sultan. The application must be signed by the applicant or by his/her attorney-in-fact.

PLEASE RETURN THIS COMPLETED FORM TO CITY OF SULTAN
PO Box 1199
319 Main Street, Ste. 200
Sultan, WA 98294

If you have questions regarding this application, please contact Janice Mann at (360) 793-1129.