



How to Apply for City of Shelton Low-Income Disabled Citizen Utilities Discount

1. If you live in a house or apartment, which is part of a federally subsidized housing program, where rents and utilities are supported by the government, **you do not qualify for this discount.**
2. Please call Community Action Council at (360) 426-9726 for an appointment or any questions you have concerning the discount. The appointment takes about one hour. You may have to requalify yearly.
3. Please bring with you to your appointment:
 - a. A City of Shelton utility bill in the disabled adult's name. It cannot be in a disabled child's name. It may be in the Landlord's name per City Ordinance.
 - b. A driver's license or other proof of Identity.
 - c. Proof of all income for all household members 18 years or older for the previous 12 months.
 - d. Meet the eligibility standards authorized in RCW 7.0.164.020 (4). The actual state or federal programs, which will determine approval has been granted to those customers receiving Supplemental Security Income (SSI) or Social Security Disability (SSD) and meeting all other eligibility criteria of this discount.

YOU MUST BRING ALL REQUIRED DOCUMENTS TO YOUR APPOINTMENT OR YOU WILL BE RESCHEDULED.

APPOINTMENT

DAY:	DATE:	TIME:
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Application for Low-Income Disabled Citizen Utilities Discount

Take completed form to Community Action Council, 807 W. Railroad Ave. Shelton, WA 98584

To be considered for the Low Income Disabled Citizen Discount for City utilities you must check the appropriate answer to each question below.	YES	NO
1. Are you the owner and occupant at the service address and receive a utility bill from the City in my name	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you live in a house or apartment that is part of a federally subsidized housing program where rent/utilities are supported by the Government?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you reside at the address where City utilities are provided on a permanent basis, as opposed to a seasonal, part-time or vacation basis? (To qualify as a permanent resident, you must reside at the service address for a minimum of 180 days per year and receive mail locally all year).	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the total household income not exceed \$40,000.00 annually (from all sources to all people living at the resident)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you meet at least one of the following requirements?	<input type="checkbox"/>	<input type="checkbox"/>
A. I have a special parking permit (card, decal or special license plate) for the disabled as set forth in RCW 46.16.381 (1), (a) through (f).	<input type="checkbox"/>	<input type="checkbox"/>
B. I meet the definition of the blind as set forth in RCW 74.18.020.	<input type="checkbox"/>	<input type="checkbox"/>
C. I meet the eligibility standards in RCW 70.164.020(4). SSI and SSD have been approved.	<input type="checkbox"/>	<input type="checkbox"/>

In signing below, I hereby certify under the penalties of either civil or criminal perjury that I have read, understand, and marked the above criteria in a true and correct manner. I further understand that, if at any future date I no longer meet the criteria, it is my obligation to advise the City. Failure to do so may result in back billing to the date of ineligibility by the City. I consent and agree that the City of Shelton and the Community Action Council may verify and confirm the above information, if deemed necessary. The Social Security Administration and the Internal Revenue Service are authorized to release income and retirement information as necessary for the City of Shelton and the Community Action Council to determine my eligibility for a Low Income Disabled Citizen Discount for City utilities.

FULL NAME		DRIVERS LICENSE/ID#	
ADDRESS			
CITY		STATE	ZIP CODE
PHONE #		UTILITY ACCOUNT #	
BIRTH DATE	AGE	SOCIAL SECURITY #	

FOR COMMUNITY ACTION COUNCIL USE ONLY

ID & INCOME VERIFIED BY	DATE
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FOR CITY OFFICE USE ONLY

VERIFIED BY	DATE RECEIVED
INPUT BY	DATE INPUT