

CITY OF SHELTON
APPLICATION FOR UTILITIES DISCOUNT FOR LOW INCOME DISABLED CITIZENS

(Take Completed form to CAC at 807 W. Railroad Ave.)

In order to be considered for the Low Income Disabled Citizen Discount for City utilities, you **must** answer **all** of the following:

- | | Yes | No |
|---|-------|-------|
| 1. I am the owner and occupant at the service address and receive a utility bill from the City in my name. | _____ | _____ |
| 2. I live in a house or an apartment, which is part of a federally subsidized housing program where rent/utilities are supported by the government. | _____ | _____ |
| 3. I 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). | _____ | _____ |
| 4. My total household income does not exceed \$35,000.00 annually (from all sources to all people living at my resident). | _____ | _____ |
| 5. I meet at least one of the following: | | |
| D. 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). | _____ | _____ |
| E. I meet the definition of the blind as set forth in RCW 74.18.020. | _____ | _____ |
| F. I meet the eligibility standards in RCW 70.164.020(4). SSI and SSD have been approved | _____ | _____ |

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.

Name (print)	WA D.L. or I.D. #
Address	Phone #
City, State, Zip Code	Age
	Birth Date
	Social Security #
	Utility Account #

Signature _____ **Date** _____

COMMUNITY ACTION USE ONLY

Identification & income confirmed by _____ Date _____

CITY USE ONLY

Received & Posted By _____ Date _____