



POLICY AND PROCEDURE

Subject: Utility Discount for Low Income Senior and Disabled Citizens	Group: Finance	Number: 300-13
Effective Date: August 1, 2018	Supersedes: September 1, 2011	8/14/18
Prepared By: Teri Schnitzer	Approved By: Vicki Look <i>Vicki Look</i>	

1.0 PURPOSE:

The purpose of this Policy and Procedure is to establish guidelines for the administration of a discount on utility rate payments for low income senior citizens and disabled persons.

2.0 DEPARTMENTS AFFECTED:

Financial Services

3.0 REFERENCES:

RCW Chapters 74.38.070, 84.36.381, 46.16.381(1), 74.18.020 and 70.164.020(4).

4.0 POLICY:

Under the authority of the State Constitution and RCW 74.38.070, the City of Shelton has authority to offer utility discounts to citizens that are poor and infirm. This authority is translated into the following policy offering discounts to senior and disabled citizens that meet the definition of low-income as defined by RCW 84.36.381, and senior as defined by age 61 or older, or disabled per state statute .

4.1 In order to qualify for the **Low Income Senior Citizen Discount** for City utilities, you **must** meet **all** of the following criteria.

1. Must be 61 years of age or older;
2. Must be owner and occupant at the service address where you receive a utility bill from the City in your name;
3. Must not live in a house or an apartment which is part of a Federally-subsidized Housing program where rent or utilities are supported by the Government;

4. Must 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; and
5. The total income available (**from all sources**) to all people living at your resident may not **exceed \$40,000.00** annually.

4.2 In order to be considered for the **Low Income Disabled Citizen Discount** for City utilities, you **must meet all** of the following criteria.

1. You are the owner and occupant at the service address and receive a utility bill from the City in your name;
2. You do not 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. 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).
4. Your total household income does not **exceed \$40,000.00** annually (from all sources to all people living at your resident).
5. You meet at least one of the following:
 - 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).
 - B. I meet the definition of the blind as set forth in RCW 74.18.020.
 - C. I meet the eligibility standards in RCW 70.164.020(4). SSI and SSD have been approved.

4.3 If at anytime the applicant no longer qualifies for the Low Income Senior or Disabled Discount, it is the customer's responsibility to notify the City of their change in status. The City may bill the customer for any discount received that the customer did not qualify for. The City may bill the customer back up to 4 years.

4.4 Any senior or disabled citizen receiving a discount must re-apply every three years.

5.0 DEFINITIONS:

- 5.1 Senior: Any citizen 61 years of age or older.
- 5.2 Disabled: Any citizen that meets one of the many qualifications for disabilities as defined in state statute.
- 5.3 Low income: As defined by the property tax exemption in RCW 84.36.381.

6.0 PROCEDURE:

- 6.1 For the **Low Income Senior Citizen Discount**, a person must meet all of the criteria in the policy above. The citizen must fill out the necessary information on the form that follows this procedure, and sign where indicated. The Citizen brings the form plus their Driver's License or other photo I.D., to verify their age or birth date to the Civic Center.

Customer Service verifies the eligibility for the discount and prepares paperwork to change their status in the billing system. The Staff Accountant enters the discount status into the billing system.

- 6.2 For the **Low Income Disabled Citizen Discount**, a person must complete the necessary form in its entirety and take the form to Community Action Council at 807 W. Railroad Ave. The Community Action Council determines eligibility. The approved form is forwarded to the City of Shelton, where the Staff Accountant enters the discount status into the billing system. Customer Service will retain the approved form in the customer file with the confidential information redacted.

**CITY OF SHELTON
APPLICATION FOR UTILITIES DISCOUNT
FOR LOW INCOME SENIOR CITIZENS**

In order to qualify for the **Low Income Senior Citizen Discount** for City utilities, you **must** meet **all** of the following criteria.

1. Must be 61 years of age or older;
2. Must be owner and occupant at the service address where you receive a utility bill from the City in your name;
3. Must not live in a house or an apartment which is part of a Federally-subsidized Housing program where rent/utilities are supported by the Government;
4. Must 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; and
5. The total income available (**from all sources**) to all people living at your resident may not **exceed \$40,000.00** annually.

Important: If you meet all of the criteria above, please carefully read the statement below, fill out the necessary information, and sign where indicated. Bring this document plus Driver's License or other photo I.D. that will show your age or birth date to the Civic Center at 525 W. Cota St. Do not mail or fax this form. It must be delivered in person.

Signing below, I hereby certify under the penalties of either civil or criminal perjury that I have read, understand, and meet all of the above criteria. 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 may verify and confirm the above 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 to determine my eligibility for a Low Income Senior Citizen Discount for City Utilities.

Name (print) _____ W A D L or ID# _____

Address _____ Phone # _____

City, State, Zip _____ Utility Acct # _____

Age _____ Birth Date _____

Signature

Date

Age and identification confirmed by _____ Date _____

Date Coded into Computer _____ By _____

**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 \$40,000.00 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 #	Age	Birth Date
		Social Security #	
City, State, Zip Code		Utility Account #	

Signature **Date**

COMMUNITY ACTION USE ONLY

Identification & income confirmed by _____ Date _____

CITY USE ONLY

Received & Posted By _____ Date _____