



CITY OF MERCER ISLAND, WASHINGTON

Application for Discounted Utility Rates Program Year 2019

The following information is given voluntarily by the undersigned as an applicant for the low-income reduction for Water Usage, Sewer Line Maintenance, and Storm Drain charges.

- PLEASE PRINT AND FILL IN ALL AREAS COMPLETELY -

1. Service address: _____ Mailing Address: _____

Phone Number (with area code): _____ Message phone: _____

2. Check one:

- I reside in a home where at least one individual (myself, spouse, companion, co-tenant, etc.) is age 62 or older.
- I, or my spouse, am permanently disabled.
- None of the above.

3. I receive a Utility Bill in my or my landlord's name: Yes No
Utility Account Number (required) (from your last Utility Bill): _____

4. Do you?

- Rent House Own House Rent Apt/Condo Own Condo

5. How many people currently live in your household? _____

Starting with yourself, list the name and birth date of everyone currently living in your household.

Name(s):	Birth Date
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____

6. How long have you lived in Mercer Island? _____
If less than one year, when did you move to Mercer Island? _____

7. **Income Standards.** The combined total income from all applicants in question # 5 meets the income requirements below. This includes sale of assets other than primary residence (please review income worksheet).

Yes No

Low Income: Means a person who is living in a single-family residence and has a maximum annual income of not more than seventy percent (70%) of the Washington State median income as applicable for the number of individuals in the household as computed annually by the State or City. Applicants shall provide such data as to verify eligibility, upon forms provided by and in the manner determined by the City of Mercer Island.

2019 PROGRAM BASED 2018 INCOME	
Persons:	Total Household Income:
1	\$33,743
2	\$44,125
3	\$54,499
4	\$64,882

8. **Proof of Program Eligibility.** Provide proof of income with copies of applicable statements:

Low Income: Please attach verification of Income (copy of previous year's Federal Tax Return or If you did not file a Tax Return, please complete the income worksheet on the last page of this application and include income statement from social security, bank statements, pensions, etc.)

9. **Length of Eligibility.**

Applicants must reapply for the discounted utility rates every 2 years. To qualify for an extended period of eligibility, an applicant must provide verification that they are a senior citizen or disabled.

Senior Citizen: Means a person who is sixty-two (62) years of age or older

Disabled Citizen: Means a person who is disabled, handicapped, or incapacitated person as defined under any other state or federal program and receives funds from a disability program as a result of a disability that prevents, he/she from working, consistent with the requirements of 42 USC Section 401 et seq.

10. Proof for Extended Eligibility. Please provide the following verification:

Age: Copy of driver's license **or** birth certificate **or** passport

Disability: Document demonstrating qualifications: Supplemental Security Income (SSI) **and/or** Social Security Disability Income (SSDI)

11. I promise that I will promptly notify the City in writing if I should move from the above residence or in the event of any change in my financial condition that would disqualify me from receiving the special rates for utility service.

Yes No

I, the undersigned, do hereby certify under penalty of perjury, that I have read and understood all of the program guidelines provided on this application, and that all of the information provided by me on this application is true to the best of my knowledge. I understand that any attempt to falsify my information will result in my disqualification from the program for this year. I further certify that my income status remains the same as presented on my documentation.

Applicant Name (printed)

Applicant Signature

Date

PLEASE RETURN COMPLETED FORM TO:

City of Mercer Island
Youth and Family Services
2040 – 84th Avenue SE
Mercer Island, WA 98040
Attn: Cheryl Manriquez

QUESTIONS? PLEASE CONTACT:

Youth and Family Services
206-275-7869

UTILITIES OFFICE USE ONLY

Date Received: _____

Approved By: _____

Date: _____

NOTES:

UTILITIES RATE REDUCTION PROGRAM INCOME WORKSHEET

Please fill out all areas completely for each applicant listed in question #5 who is contributing to the household. Total Household Income is the income of yourself, your spouse, and that of any co-tenants. Some examples of household income include:

- Wages, salaries and tips
- Social Security benefits
- Net business income
- Taxable interest and dividends
- Pension & annuity receipts
- Governmental assistance
- IRA withdrawals
- School loans, financial aid and work study
- Rental income
- Capital gains
- Child support
- Sale of assets other than primary residence
- Disbursements from investments
- Sale of stocks or bonds

If you are applying for a low-income program **and cannot provide a copy of the Income Tax Return you filed with the IRS last year**, please complete the following Income Worksheet and provide proof of income with copies of applicable statements. **Documentation** must be provided for all income.

Income Source	Annual Income for Each Household Member			
	A.	B.	C.	Total
Social Security (including Medicare)				
Pension Benefits				
Public Assistance				
Interest/Dividends (1099)				
Salaries/Wages				
Business Income (Net)				
Supplemental Security Income (SSI)				
Social Security Disability Income(SSDI)				
Veterans Payments				
IRA withdrawal				
Gifts				
Sale of assets other than primary residence				
Disbursements from investments				
Other (please list below)				
Total Income				

