

**CITY OF GRANITE FALLS
RESOLUTION NO. 2018-07**

**A RESOLUTION OF THE CITY COUNCIL OF GRANITE FALLS, WASHINGTON, AUTHORIZING THE
UTILITY RATE DISCOUNT APPLICATION FORM FOR LOW INCOME SENIOR CITIZEN AND
DISABLED PERSONS TO BE UPDATED, THE ELIGIBILITY FOR LOW INCOME SENIOR CITIZENS
AND DISABLED INCOME LEVELS TO QUALIFY FOR A DISCOUNT TO WATER, SEWER, AND
STORM SEWER UTILITY RATE CHARGES**

WHEREAS, On July 18, 2018, the City Council adopted Ordinance No. 950-2018, which amends Granite Falls Municipal Code Sections: 13.02.103 "Low-income senior citizens or disabled persons discount"; 13.16.258 "Low-income senior citizens or disabled persons discount"; and 13.20.160 "Low-income senior citizens or disabled persons discount"

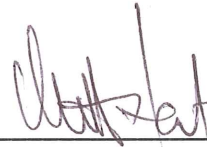
NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF GRANITE FALLS, WASHINGTON, DOES HEREBY RESOLVE AS FOLLOWS:

Section 1 – Resolution No. 2009-02 is hereby repealed.

Section 2. - The Granite Falls City Council hereby approves the 2018 Utility Rate Discount Application for Low Income Senior Citizens & Disabled persons as attached as Exhibit A and Incorporated by reference as if fully set forth herein.

ADOPTED by the Granite Falls City Council, Snohomish County, Washington, at a regular open public meeting thereof held on the 18th day of July, 2018.

CITY OF GRANITE FALLS



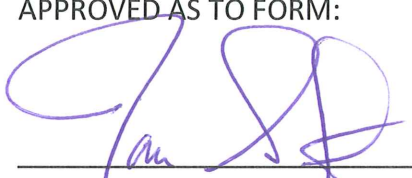
Mayor Matthew Hartman

ATTEST/AUTHENTICATED:



Darla Reese, City Clerk

APPROVED AS TO FORM:

A handwritten signature in blue ink, consisting of a large, stylized 'T' followed by a cursive 'G' and 'S', with a horizontal line drawn through the middle of the signature.

Thom Graafstra, City Attorney

EXHIBIT A
CITY OF GRANITE FALLS
LOW INCOME SENIORS/DISABLED
UTILITY RATE ASSISTANCE PROGRAM APPLICATION

The City of Granite Falls is dedicated to assisting customers in accessing the assistance programs the city has to offer. The resulting application will be used to enroll customers in the following program: The Utility Discount Program (UDP) Program members shall be required to renew their application on an annual basis.

Section 1: Primary Account Holder Information

Please place the primary City of Granite Falls Utility account holder information in the spaces below.

Primary Name:	Last:	First:	
Service Address:	Street:	City:	Zip:
Mailing Address: (if different than service address)	Street:	City:	Zip:
Primary Phone:		Message Phone:	
Email Address:			
Granite Falls Act. #			

Section 2: Government issued identification for all persons 18 years and older

Please provide a copy of the items below for each adult:

- State driver's license
- State identification card
- Passport or Permanent Resident Card

Section 3: Housing Information

Please fill out the information below.

By checking the box below, I certify I am not in Section B housing OR in federally subsidized housing where a utility credit/allowance is applied.

☐ I am eligible for the Utility Discount Program based housing

Amount you pay for rent or mortgage: \$_____ If rent is subsidized (check one)

☐ SHA ☐ HUD ☐ Straight Tax Credit-Hope IV

Housing Status: ☐ Section 8 ☐ Scattered Site ☐ Other: _____
☐ Senior BOND ☐ Shelter +Care
☐ Minimum Rent-Public Housing

Housing Type: ☐ Single Family Home ☐ 2, 3 or 4 Units ☐ Apt. Building
☐ Condominium ☐ Mobile home

How do you heat your home? ☐ Electric ☐ Gas ☐ Oil ☐ Wood ☐ Other: _____

Do you rent or own your home? ☐ Rent ☐ Own

Section 4: Household Member Information

Household members include everyone living in the home, regardless of age or whether or not they pay rent. Examples include: roommates, relatives, tenants, children, friends, extended family members, etc. Please fill out the information below for all household members.

Name (Last, First)	Date of Birth	Sex	Relationship to You	Monthly Income	Income Source (employer's Social Security, TANF, etc.)
		M <input type="checkbox"/> F <input type="checkbox"/>	Myself	\$ _____	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____	

Total number in household: _____ If more than 5, list other household members on a separate page.

Section 5: Income Information

Please check all sources of income below and provide verification documentation of GROSS income for ALL persons 18 years old and older living in your home, received in the month prior to the application date.

☐ Wages ☐ Unemployment ☐ Child Support ☐ Adoption Support ☐ TANF
☐ Pension/Annuity ☐ IRA ☐ VA ☐ Rental Income ☐ GAU
☐ Social Security/SSI ☐ Other: _____

Accepted forms of documentation are:

- Paycheck stubs/Employer statement showing GROSS earnings
- DSHS award letters (TANF, GAU/GAX)
- Child Support
- Social Security/SSI award letter/Survivor benefits
- Pensions/Annuity/IRA, Interest & Dividends
- Labor & Industry (L&I) statement
- Student financial aid and tuition statement
- Rental/investment property income (provide a copy of lease/rental agreement)
- Self-employed (most recent full tax return & 3 months profit & loss statements)
- No Income (Declaration of No Income Statement and/or Employment Security Department Statement)
- Other income: _____

Signature:

This application and supporting documentation are used to review eligibility for additional city benefits and is only shared in accordance with applicable state and local laws. I am aware that my information is subject to review and verification and that other documentation may be required. I grant permission to request or release information to/from the City of Granite Falls, other government agencies, or their delegated agents this may result in receipt or denial of city benefits. Submitting this application does not guarantee eligibility or enrollment in any programs. I certify that the information I provided is accurate and complete and that I may be subject to criminal prosecution if I have knowingly given false or misleading information. I agree to provide updated proof of eligibility at any time, if requested. I understand that if I am found to be in violation of program rules, and receive assistance and have not truly disclosed all information, I will be terminated from the program(s) and the city may recover the actual costs(s) for the periods I was not eligible. I will notify the City of Granite Falls if my income or living situation changes.

Signature: _____	Date: _____
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2018 Eligibility for Low Income Senior Citizens and Disabled

LOW INCOME SENIOR CITIZENS and DISABLED: A household in which the total annual income is below the April 2018 annual total household income specified below.

The qualified income levels identified in the Eligibility for Low Income Senior Citizens and Disabled Table is based on the 2016 Eligibility for Low Income Senior Citizens and Disabled Table and is adjusted on an annual basis (April) using the annual Seattle-area CPI-U established by the Bureau of Labor Statistics. The discounted rate shall be restricted to single family dwelling units primarily occupied by a Senior Citizen being 62 years of age or older or a Disabled Citizen and having no more income than that allowed as established by the Eligibility for Low Income Senior Citizens and Disabled Table for the year discount is requested.

The income levels for calendar year 2018 are established using the City of Granite Falls, Wa 2016 Eligibility for Low Income Senior Citizens and Disabled table adjusted based upon the Bureau of Labor Statistics' annual 2017 and 2018 figures for the Seattle-area CPI-U rates.

Your total household income in the monthly period prior to applying:

2018 Eligibility for Low Income Senior Citizens and Disabled Table

Household Size	Gross Monthly Income	Gross Yearly Income
1	\$2,774	\$33,288
2	\$3,627	\$43,524
3	\$4,482	\$53,784
4	\$5,335	\$64,020
5	\$6,189	\$74,268
6	\$7,042	\$84,504
7	\$7,202	\$86,424
8	\$7,363	\$88,356
9	\$7,522	\$90,264
10	\$7,682	\$92,184
Each additional	\$161	\$1,932

Note: Refer to the Utility Discount Program application for additional eligibility requirements