



2024 LOW-INCOME SENIOR CITIZEN OR LOW-INCOME DISABLED UTILITY RATE REDUCTION APPLICATION

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Pacific, WA 98047
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Applicant A Name:	Date of Birth:	Single OR Married/Co-Tenant:	
Applicant Spouse/Co-Tenant B Name:	Date of Birth:	Account#:	
Service Address:	Own OR Rent:	Home Phone#:	Cell Phone#:
Additional Household Applicant C Name, 18 years old+:	Date of Birth:	Total # of occupants in household:	
Additional Household Applicant D Name, 18 years old+:	Date of Birth:	Total # of children in household, under 18 years old:	

I am applying for **Low-Income, Senior Citizen:** The head of a single-family household as defined by Internal Revenue Service regulations who has attained the age of 62 years and whose total income from all sources, including that of their spouse or co-tenant(s), does not exceed the amount specified as low income under the regulations of the United States Department of Housing & Urban Development for section 8 programs, as now existing or as hereafter amended.

SENIOR - Guidelines for Approval

- Applicants must have city utility account in their name or a duplicate billed tenant & property must be their primary residence
- Applicants must be 62 years of age or older
- **Copy of picture identification (Driver's License, passport or other photo ID)**
- If applicant is a renter, include copy of lease agreement which specifies the terms of the lease and that the renter is responsible for payment of utilities

I am applying for **Low-Income, Disabled Citizen:** A person whose total income from all sources, including that of their spouse or co-tenant, does not exceed the amount specified as low income under the regulations of the United States Department of Housing & Urban Development for section 8 programs, as now existing or as hereafter amended and who has received, in writing, a 50% or higher disability rating as defined under any Washington State or Federal program.

DISABLED – Guidelines for Approval

- Applicants must have city utility account in their name or a duplicate billed tenant & property must be their primary residence
- Applicant must be at least 18 years of age
- Applicant must be permanently disabled as determined by a physician; subject to verification. First time applicants must have the doctor provide disability rating on doctor's letterhead
- **Copy of picture identification (Driver's License, passport or other photo ID)**
- If applicant is a renter, include copy of lease agreement which specifies the terms of the lease and that the renter is responsible for payment of utilities

Household Income Requirements

- Applicants must claim income from EACH individual living in the household 18 years or older.
- Income from all sources must be less than the maximum amount allowed for low income as defined by the Department of Housing & Urban Development. Prior year total gross income for the household may not exceed:

PERSONS	2023 HUD TOTAL HOUSEHOLD ANNUAL INCOME REQUIREMENTS
1	\$47,950
2	\$54,800
3	\$61,650
4	\$68,500

- Applicants cannot be receiving utility allowances or rent subsidies from another governmental agency (HUD Section 8, King Count Housing, SHAG, etc.).
- **Submit copies of all supporting income verification documentation.** If providing an IRS tax return, include all attached schedules, such as, but not limited to: W-2 Forms, Retirement Income Statement, Pension & Annuity Disbursal Statement, Social Security Income Verification Letter, Supplemental Social Security Income Verification Letter, Unemployment Compensation, Monies contributed to your household by others, Alimony, Investment Income, Trust or Royalty Disbursements, IRA Disbursements, Capital Gains, and Business or Rental Income.

2023 Annual Income Source*	Applicant A	Applicant B	Applicant C	Applicant D
Social Security	\$	\$	\$	\$
Pension Benefits	\$	\$	\$	\$
Public Assistance	\$	\$	\$	\$
Interest / Dividend (1099)	\$	\$	\$	\$
Salaries / Wages	\$	\$	\$	\$
Business Income	\$	\$	\$	\$
Supplement Security Income (SSI)	\$	\$	\$	\$
Social Security Disability Income (SSDI)	\$	\$	\$	\$
IRA Withdrawal	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Other Sources	\$	\$	\$	\$
ANNUAL TOTAL:	\$	\$	\$	\$

***All income must be disclosed whether or not federally taxable, reported on your tax return (i.e. social security payments).**

The rate reduction shall only apply after the date the applicant submits this application and the application is approved. The City of Pacific shall not be liable for failure of any qualified person to submit an application and there shall be no entitlement to such reduction in the absence of an application. If you are approved, you must reapply every year. A renewal packet will be mailed prior to expiration. Failure to reapply by renewal date will result in all rates reverting back to the standard rates. This application is non-transferrable.

I do hereby certify under penalty of perjury that I have read and understand 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 further certify that my income remains the same as presented on my documentation. I agree to promptly notify the City of Pacific 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 reduced rates for utility service. I understand that any changes to my application or any attempts to falsify my information will result in my disqualification from this program and the city may recover the actual cost of my utility bills for the period that I was not eligible. I agree to promptly repay the city for any undercharges that have been made if it is determined that I am not qualified for this program. I agree to provide any additional information about my income and residence that may be requested in order to establish eligibility.

Applicant A Signature:	Date:
Applicant B Signature:	Date:
Applicant C Signature:	Date:
Applicant D Signature:	Date:

Confidentiality Notice: This document and any accompanying documents contain information belonging to the City of Pacific which may be confidential and legally privileged. This information is only for the use of the individual or entity to which it was intended. If you are not the intended recipient, any disclosure, copying, distribution, or action taken in reliance on the content of the information contained in this document and any accompanying document is strictly prohibited. If you have received this in error, please contact us immediately.

IMPORTANT NOTE: **Failure to reapply by May 31, 2024 will result in all rates reverting back to the current full fees.**

For Office Use Only	
Approved By: _____	Date: _____
Discount Type: <input type="checkbox"/> Low-Income, SENIOR <input type="checkbox"/> Low-Income, DISABLED	