

**CITY OF KELSO**  
**LOW INCOME SENIOR DISCOUNT APPLICATION**

**Instructions:** Please bring completed application along with proof of income for the previous year (2023). We will verify your income and notarize your signature here in the Finance & Utility Department.

**Account Information:** Is this **New Application:** \_\_\_\_\_ **Renewal Application:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Billing Cycle:** \_\_\_\_\_

**Account Services:** Please check all services that apply to you.

|   |   |
|---|---|
| <input type="checkbox"/> <b>WATER REDUCTION</b>   | <input type="checkbox"/> <b>SEWER REDUCTION</b> |
| <input type="checkbox"/> <b>GARBAGE REDUCTION</b> | <input type="checkbox"/> <b>STORMWATER</b>      |

**Personal Information:**

**Name (Must match name on account):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Primary Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Rent:** \_\_\_\_\_ **Own:** \_\_\_\_\_

**Financial Information:** Please fill in the yearly income total in the correct box listed.

| <b>Source of Income:</b>   | <b>Applicant:</b> | <b>Co-Tenant**/Spouse:</b> |
|--|-------------------|----------------------------|
| Social Security/Disability   | \$ _____          | \$ _____                   |
| Public Assistance (Food/Tanif)   | \$ _____          | \$ _____                   |
| Wages, Salaries, Unemployment  | \$ _____          | \$ _____                   |
| Military/Civil Service/Veteran Retirement  | \$ _____          | \$ _____                   |
| Railroad Retirement  | \$ _____          | \$ _____                   |
| Gift, Trust, or Estate Income  | \$ _____          | \$ _____                   |
| Net Income from Rental Property<br>*Depreciation and business losses may not be deducted | \$ _____          | \$ _____                   |
| Proceeds from Sale of Property<br>*Capital Gain Portion Only                             | \$ _____          | \$ _____                   |
| Interest Income & Dividends Include State & Municipal Bonds<br>Dividends Receipts        | \$ _____          | \$ _____                   |
| Income From Any Other Source   | \$ _____          | \$ _____                   |
| <b>APPLICANT TOTAL INCOME:</b>   | \$ _____          | -----                      |
| <b>CO-TENANT/SPOUSE TOTAL INCOME:</b>  | -----             | \$ _____                   |

\*If you have a co-tenant and/or spouse listed please add together applicant total income with co-tenant/spouse total income and place on the combined total income line.

**COMBINED TOTAL INCOME:** \$ \_\_\_\_\_

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\*The term "income" as used herein shall mean gross income defined in Section 61 (A) of the Internal Revenue Code of 1954, plus any and all Social Security Retirement and/or Disability payments, Railroad Retirement Board Pension and/or Disability payments, and payments received from any other pension, retirement, profit sharing and disability plans, and unemployment compensation. The term "low-income senior citizen customer" shall mean a person who is **61 years of age or older and whose total income, including that of his or her spouse/co-tenant, does not exceed the sum of \$54,000.00 annually from January 1 through December 31 of each year.**

*\*\*The term "Co-tenant" means a person who rents the same property under the same lease or rental agreement with the applicant.*

STATE OF WASHINGTON)

: ss

COUNTY OF COWLITZ)

The undersigned applicant, being first duly sworn, on oath deposes and says: That all the above statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant in the Presence of Notary

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Income was verified by Finance Department Employee

\_\_\_\_\_

- APPROVED**
- DENIED**