

- New
- Renewal

Cycle _____

CITY OF KELSO
LOW INCOME SENIOR CITIZEN UTILITY RATE REDUCTION APPLICATION

Instructions: Please complete this application and bring it into our office along with proof of your income for **2019**. The Finance Department does have Notaries on staff.

Acct #:	APPROVED:
<input type="checkbox"/> Water Reduction <input type="checkbox"/> Sewer Reduction	DENIED:
<input type="checkbox"/> Garbage Reduction <input type="checkbox"/> Stormwater Reduction	CITY OFFICIAL:

Applicant:	
Street Address:	
City-State-Zip Code:	
Phone:	Date of Birth:

I Own/ Rent my place of residence. (Please select correct one)

The utility account at said residence is in my name.

My Income for **2019** including the income of my spouse/co-tenant is:

Please list the **YEARLY** amounts below that apply:

		Applicant	Co-Tenant**
1.	Social Security Income	\$	\$
2.	Military/Civil Service	\$	\$
3.	Railroad Retirement	\$	\$
4.	Veterans or Other Retirement	\$	\$
5.	Wages, Salaries or Unemployment	\$	\$
6.	Disability Income	\$	\$
7.	Interest Income & Dividends Include State & Municipal Bonds	\$	\$
8.	Net Income from Rental Property <small>*Depreciation and Business Losses may not be deducted</small>	\$	\$
9.	Gift, Trust or Estate Income	\$	\$
10.	Income from any other source	\$	\$
11.	Proceeds from Sale of Property <small>*Capital gain portion only</small>	\$	\$
12.	Public Assistance	\$	\$
13.	Dividend Receipts	\$	\$

Total Yearly Income of Applicant and **Spouse/Co-Tenant	\$
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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 or co-tenant, **does not exceed the sum of \$40,000.00 annually from January 1 through December 31 of each year.**

**The term "co-tenant" means a person who resides with the person claiming the exemption and who has an ownership interest in the residence.

STATE OF WASHINGTON)
 :SS
COUNTY OF COWLITZ)

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

Signature of Applicant in the Presence of a 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
