□ New Cycle \_\_\_\_

□ Renewal

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 **2022**. The Finance Department does have Notaries on staff. |

|  |  |
| --- | --- |
| Acct #: | APPROVED: |
| □ Water Reduction□ Sewer Reduction | DENIED: |
| □ Garbage Reduction□ Stormwater Reduction | CITY OFFICIAL: |

|  |
| --- |
| Applicant: |
| Street Addresss: |
| City-State-Zip Code: |
| Phone: | Alternate Phone: |
| Email: | 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 **2022** including the income of my spouse/co-tenant is:

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

 Applicant **(Yearly)** Co-Tenant\*\***(Yearly)**

|  |  |  |  |
| --- | --- | --- | --- |
|  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 & DividendsInclude State & Municipal Bonds | $ | $ |
|  8. | Net Income from Rental Property\*Depreciation and Business Losses may not be deducted | $ | $ |
|  9. | Gift, Trust or Estate Income | $ | $ |
| 10. | Income from any other source | $ | $ |
| 11. | Proceeds from Sale of Property\*Capital gain portion only | $ | $ |
| 12. | Public Assistance | $ | $ |
| 13. | Dividend Receipts | $ | $ |

|  |  |
| --- | --- |
| **Total Yearly Income** of Applicant and \*\*Spouse/Co-Tenant | $ |

\*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 )

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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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_