☐ New Application
☐ Renewal Application

2015
LOW INCOME SENIOR/DISABLED UTILITY RATE REDUCTION

Reduced rates for utility services are available for our low-income seniors and permanently disabled residents, as allowed by state law. The reduction in rates is as follows:

City of Algona Minimum Water Charge	25%
City of Algona Minimum Sewer Charge	15%
City of Algona Stormwater Drainage	25%

In order to qualify, you must meet the following conditions. Income levels are established by the 2015 U. S. Department of Housing and Urban Development standards and are subject to annual change. Application for discount(s) must be renewed annually by May 31st.

Head of Household

☐ 65 or older ☐ Permanently Disabled

Gross Annual Income from all Sources - Family Size
Check ONE

☐ 1 - $31,400
☐ 2 - $35,850
☐ 3 - $40,350
☐ 4 - $44,800
☐ 5 - $48,400
☐ 6 - $52,000

Applicant Name	
Spouse (if applicable)	
Others living in home	
Address	
City/State/Zip	
Phone #	

Attach required documents:

1) Copy of 2014 Federal Income Tax return of ALL residents in household
OR
If you do not file a Federal Tax return please attach a copy of your SSA 1099 ANNUAL statement and copies of all other annual income statements such as pension and interest income

2) Copy of photo ID or birth certificate (For senior applications only)
3) Completed Physician's Statement (For disability applications only)

TURN OVER & COMPLETE BACK PAGE

I, _____ certify under penalty of perjury that I and my spouse (if any) had a gross combined annual income of less than $ _____ during the preceding calendar year.

Applicant Signature _____

Address_____, Algona, Washington, 98001

Subscribed and sworn to before me this _____day _____ 201_____

_____
NOTARY PUBLIC in and for the State of Washington residing in _____County.

My Commission expires _____

FOR CITY USE ONLY – DO NOT WRITE BELOW LINE

Account Number	

After approval:

1) **Utility Management Change:** Water/Sewer/Storm Drainage utility account codes

Entered By	

City Of Algona
Affidavit - Claim of Disability

The undersigned certifies, subject to the penalties of perjury, that:

The applicant is the head of household receiving Water, Sewer, Storm Drainage service at the address listed below.

The applicant meets the following criteria for receiving the exemption for utility services:

The applicant is totally and permanently disabled preventing the applicant from ever performing any work at any gainful occupation.

Applicant Name	
Address	
City/State/Zip	
Phone #	

Applicant Signature	
Date	

Physician Signature	
Date	
Address	
City/State/Zip	
Phone #	

Annual affidavit necessary each year.