



Office Use Only
Customer Name: _____
Account# _____
Staff Name & Date: _____

**Application for Low Income Senior or Disabled Utility Discount**

*Return the completed application to:*

*City of Enumclaw; Finance Department, 1339 Griffin Avenue, Enumclaw, WA 98022*

*Questions? Call us at 360-615-5605 or email [Utilities@ci.enumclaw.wa.us](mailto:Utilities@ci.enumclaw.wa.us)*

Customer Name: _____	Spouse Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____

Mailing Address: _____ _____	Service Address: _____ _____
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<input type="checkbox"/> New Application	<input type="checkbox"/> Reapply
<input type="checkbox"/> Owner	<input type="checkbox"/> Renter

Names of Household Members:	Prior Year Gross Annual Income:
Applicant: _____	_____
Spouse: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Household Total:	_____

I certify under penalty of perjury that the information provided above is true to the best of my knowledge. I agree to repay the amount of the discount plus a penalty of 20% times that amount should a violation be determined by the City. In the event the City is required to file a collection action in court, I agree to pay all reasonable attorney fees and costs.

Signature: _____	Date:    /    /
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## **Qualifying for the City of Enumclaw's Low-Income Utility Discount Program**

If you qualify for the low-income program, you may receive a 30% discount on basic charges for water, sewer, garbage, and natural gas (up to 100 therms).

To qualify for the low-income program, you must satisfy **all** of the requirements:

- 65 years of age or older or permanently disabled. Permanent disablement must be evidenced by a physician's affidavit,
- Applicant must be sole occupant or head of household,
- The utility account must be in the name of the applicant, the applicant must live on the property and if they own multiple properties this can only be applied at the one where they reside.
- Proof of income; please submit your previous tax filing. If you did not file, per City Ordinance 14.90.020, the applicant shall submit a copy of his or her 1040 tax form or an affidavit stating that income filing was not required due to income level, together with any and all requested evidence of the applicant's income. The applicant shall provide the city with the same information for every member of the applicant's household.

**Gross annual income must not exceed the guidelines for the entire household. The official HUD income guidelines (effective in April of each year) are available at <http://www.huduser.org/datasets/il.html>. The following were effective as of the date this form was printed:**

1 Person	\$77,700	5 Persons	\$119,850
2 Persons	\$88,800	6 Persons	\$128,750
3 Persons	\$99,900	7 Persons	\$137,600
4 Persons	\$110,950	8 Persons	\$146,500

**Customers *currently receiving the low-income discount must reapply each year, a new application is mailed annually.***

**Please note:** Change in Applicant Income. If the applicant's income, or the income of an applicant's household member, exceeds the posted income schedule at any time during the effective dates of the filed income schedule, the applicant shall no longer qualify as a low-income senior citizen or low-income disabled citizen and may be subject to the penalties set forth in EMC 14.90.030