

CITY OF KALAMA

APPLICATION FOR LOW-INCOME RATE REDUCTION WATER, SEWER, AND GARBAGE

Account No. _____

APPROVED: _____

Water Reduction

Garbage Reduction

DENIED: _____

Sewer Reduction

CITY OFFICIAL: _____

Applicant: _____

Service Address: _____

Mailing Address: _____

Telephone No.: _____ Date of Birth: _____

I own / rent my place of residence. (Check one) Number in Home: ____ Number Over Age 18: ____

I do / do not qualify for property tax relief. (Check one)

The utility account at the residence above is in my name: yes no (Check one)

My income* (definition below) for the year _____, including the income of my spouse/co-tenant, is:

1. Social Security Income	\$ _____	\$ _____
2. Military/Civil Service	\$ _____	\$ _____
3. Railroad Retirement	\$ _____	\$ _____
4. Veterans or any other retirement	\$ _____	\$ _____
5. Wages, Salaries, or Unemployment	\$ _____	\$ _____
6. Disability Income	\$ _____	\$ _____
7. Interest income and dividends, including 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, eg, child support, L&I	\$ _____	\$ _____
11. Proceeds from sale of property (Capital gain portion only)	\$ _____	\$ _____
12. Public Assistance	\$ _____	\$ _____
13. Dividend Receipts	\$ _____	\$ _____

Total income of applicant and * spouse/co-tenant: \$ _____

*Definitions:

Income - Gross income as defined in Section 61 (a) of the Internal Revenue Code of 1954, plus any and all Social Security Retirement and/or disability payments, and payments received from any other pension, retirement, profit sharing and disability plans, and unemployment compensation.

Low Income - An individual or family whose total income is 50% or less of the median family income.

Median Family Income - An annual median income for Cowlitz County as provided by the Department of Housing and Urban Development.

Co-Tenant - A person over the age of 18 who cannot be claimed as a tax dependent and who resides with the applicant.

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. If it is discovered I have misrepresented any of the above information to in order to qualify for the low-income discount to which I would not otherwise be entitled, I agree to repay the amount of any discount allowed plus a penalty of twenty percent (20%) in excess of the amount owing. I agree to notify the City in the event of a change in any circumstances applicable to this criteria.

Signature of applicant in the presence of a notary

SUBSCRIBED AND SWORN to before me this ____ day of _____, _____.

My commission expires: _____
Notary Public in and for the State of
Washington residing at _____.

Income was verified by Finance Department employee: _____