



# 2018 City of Arlington Application for Reduced Utility Rates

The City of Arlington offers reduced rates to qualified low income seniors and disabled customers for water, sewer, and storm-water provided by the City. The program includes both homeowners and renters who live in a primary residence receiving a separate Arlington water and/or sewer bill for service.

## Eligibility Requirement

Snohomish County, Final 2017 Low income yearly limits are listed below: **Number of Family Members**

**1-Person** \$33,600; **2-Person** \$38,400; **3-Person** \$43,200; **4-Person** \$48,000 **5-Person** \$51,580; **6-Person** \$55,700  
**7-Person** \$59,550; **8-Person** \$63,400

## Application Information

<b>Name</b> <i>(Please Print)</i> :	
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<b>Mail Address:</b>	
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<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	<b>Phone:</b> _____
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**Please answer the following questions:**

Yes  No **Did or will** you file a federal tax return for 2017?

If YES, include a full copy of your most current tax return including all schedules.

If **NO**, **include documentation to support income**, such as social security statement, W-2 or 1099's. **And, you must also include November and December bank statements for the most current year for all bank accounts and/or retirement accounts.**

Yes  No Is there any other person living in the home who contributes to household expense? If so, provide tax return or other supporting documentation (as stated above) for each member, and include all income in the "INCOME FOR HOUSEHOLD" column on the next page.

Yes  No Are you a renter? If you are a renter and eligible for this program, by signing this application you certify that you are responsible for paying the water bill; Or your rent has been reduced by the amount of the rate reduction.

**Proof of age and disability (if applicable) is required with each application. Documentation could include:**

- \* **For Age:** Driver's license, Birth Certificate, Passport, or Other
- \* **Disability:** Social Security Administration or VA Determination

<b>INTERNAL USE ONLY:</b>	<b>Date Received:</b> _____	<b>Disability:</b> Permanent            Temporary
	<b>Staff Initials:</b> _____	<b>Disability Expiration date:</b> _____

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Name of Applicant: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

Total Number in Household: \_\_\_\_\_ Number of household members included in income verification: \_\_\_\_\_

<b>Gross Income Verification</b>	
<b>Income Source</b>	<b>Income For Household*</b>
Wages, Salaries, Tips, etc.	\$
Interest (all sources)	\$
Dividends	\$
Alimony/Child Support	\$
Gross Business Income (exclude losses and expenses)	\$
Capital Gain (exclude losses)	\$
Other Gains	\$
IRA Distributions	\$
Pensions and Annuities	\$
Rental Income (exclude depreciation and expenses)	\$
Real Estate Income (exclude depreciation and expenses)	\$
Royalties	\$
Farm Income	\$
Unemployment	\$
Social Security or Railroad Retirement	\$
VA Benefits	\$
Military Pay and Benefits	\$
All other Income	\$
TOTAL INCOME	\$ -

\*Include "gross income", as defined by 26 USC 31 for all household members.

<b>Certification</b>
<p><b>By signing this form I confirm that I:</b></p> <ul style="list-style-type: none"> <li>* Have provided all documentation to verify household income and will provide additional documentation upon request.</li> <li>* Declare under penalty of perjury that the information in this application is true and complete.</li> <li>* Understand it is my responsibility to notify the City if I move, sell or transfer interest in my property, no longer receive disability payments, or income no longer qualifies.</li> <li>* If I receive reduced rates without meeting the qualification guidelines, I will be required to pay back the discount received.</li> </ul>
<p>Signature of Applicant: _____ Date: _____</p>