



2021 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 2020 Low income yearly limits are listed below: **Number of Family Members** _____*

1-Person \$41,800; **2-Person** \$47,800; **3-Person** \$53,750; **4-Person** \$59,700 **5-Person** \$64,500; **6-Person** \$69,300
7-Person \$74,050; **8-Person** \$78,850

Application Information

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

Please circle one: Disability or Senior

**Disability is (please check one): Permanent Temporary

Yes No **Did or will** you file a federal tax return for 2020?

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 into 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

INTERNAL USE ONLY:	Date Received: _____	Disability: (Circle) Permanent or Temporary
	Staff Initials: _____	Disability Expiration date: _____

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Name of Applicant: _____

Birthdate: _____

Street Address: _____

Total Number in Household: _____ Number of household members included in income verification: _____

Gross Income Verification	
Income Source	Income For Household*
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.

Certification
<p>By signing this form I confirm that I:</p> <ul style="list-style-type: none"> * Have provided all documentation to verify household income and will provide additional documentation upon request. * Declare under penalty of perjury that the information in this application is true and complete. * 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. * If I receive reduced rates without meeting the qualification guidelines, I will be required to pay back the discount received.
<p>Signature of Applicant: _____ Date: _____</p>