



## APPLICATION FOR SENIOR REDUCED UTILITY RATES

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

SPOUSE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_, Arlington, WA 98223

E-MAIL ADDRESS \_\_\_\_\_

In order to qualify for reduced water/sewer rates, I hereby certify to the following:

1. That I am at least sixty-one (61) years of age;
2. That the Annual Household Income of ALL household members combined is \$ \_\_\_\_\_;  
(Maximum \$30,000 to qualify for the reduced rates)
3. That this is my primary residence.
4. That I am not receiving senior reduced utility rates at any other location.

The City requires proof that this household qualifies for the reduced rates. If you file an annual tax return, please provide a full copy of your tax return, and all documents used to prepare your return, such as Social Security statements, retirement or pension statements, disability payments, W-2 forms and 1099 forms. If you do not file a tax return, please provide copies of your annual Social Security statement, retirement or pension statement, W-2 forms and any 1099 forms. You must also include documentation for any allowed out-of-pocket expenses you are deducting from your income.

### ANNUAL HOUSEHOLD INCOME INCLUDES THE FOLLOWING:

Gross Wages, Interest and dividend income, IRA withdrawals & capital gains (do not deduct losses)  
Social Security and other retirement benefits, including the non-taxable portion, Welfare,  
Unemployment benefits, Grants, Disability income, Child support, Foster care, Alimony, Adoption  
Support, Separate maintenance payments  
Self-employment income (before depreciation, do not include losses)  
Rental property, trust, royalties, partnership, estate income (before depreciation, do not include losses)

### ALLOWABLE DEDUCTIONS:

Social Security Medicare Part B&D premiums  
Paid receipts for Non-reimbursed nursing home care and/or In home care and non-reimbursed  
prescription drug costs.

\_\_\_\_\_  
Applicant's Signature

Approved \_\_\_\_\_  
Finance Director or designee

Denied \_\_\_\_\_  
Finance Director of or designee

**This information is to be provided annually (by June 1<sup>st</sup>) to continue to receive the reduced rates.**

**If approved, Applicant may also qualify for reduced property tax payments. Contact the Snohomish County Assessor's Office to obtain an application.**