

UTILITY DISCOUNT APPLICATION

The reduced rate schedule for approved applicants for the City of Raymond’s utility discount program is 50% off of the base utility rates. To obtain the reduced rate, applicants must submit an application, with proof of income, each year to the City Utility Clerk, certifying that he or she meets all the low income elderly/disabled qualifications.

THE FOLLOWING QUALIFICATIONS MUST BE MET FOR THE LOW-INCOME ELDERLY REDUCED RATE FOR UTILITIES:

- Must be the owner or renter of a single family residence with the utility account in their name
- The residence must be within the Raymond city limits
- All occupants living in the home must be at least 62 years of age at the time of filing *or* 55 years of age *AND* disabled
- Have a combined annual gross income no greater than:
 - \$22, 550 for a single person household
 - \$25, 750 for a household of two or more

For more information on the Utility reduction policies and definitions, please view City of Raymond’s codes on www.cityofraymond.com. 14.04.185, 14.24.090, 8.12.215

APPLICANT INFORMATION

Age _____ Senior Citizen Disabled Own Rent

Applicant Name _____

Spouse or Co-Applicant Name _____

Service Address _____

Mailing Address _____

Phone Number _____ Account Number _____

ANNUAL INCOME

*MUST LIST GROSS TOTAL OF **ALL** OCCUPANTS OF THE HOME, **INCLUDING COPIES-***

- Social Security _____ \$ _____
- Pension, Annuities, etc. _____ \$ _____
- Interest & dividends _____ \$ _____
- Wages _____ \$ _____
- Investment Income _____ \$ _____
- All other income _____ \$ _____
- TOTAL COMBINED INCOME** _____ \$ _____

Copies of income submitted?



TERMS OF AGREEMENT

Any person willfully giving false information on this application shall be subject to the perjury laws of the State of Washington. In addition, any person making false representations in order to secure the reduced rate is guilty of a misdemeanor. Any exemption granted through erroneous information shall be subject to the correct billing being assessed for the period commencing on the month in which the reduced rate was granted and including all months which follow up to the date of discovery, plus penalty fees.

CERTIFICATION AFFIDAVIT:

I swear under penalties of perjury that all of the foregoing statements are true. I agree to provide documentation of age and income at the time of application and authorize the City to verify this information through direct inquiry with the source agencies.

Signature of Claimant: _____ Date: _____

Approval of City Clerk: _____ Date: _____

**Note: The discount shall not be retroactive.
It shall take effect the first billing cycle after the date noted on the application.*