



City of Raymond

WASHINGTON

INCORPORATED SINCE 1907

UTILITY DISCOUNT APPLICATION

The reduced rate schedule for approved applicants for the City of Raymond’s utility discount program varies based on income level. To obtain the reduced rate, applicants must submit an application with proof of income, each year to the City Utility Clerk, certifying that low-income qualifications are met.

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

- Utility account holder must be the owner or renter of a single-family residence within Raymond city limits and,
- **ALL HOUSEHOLD MEMBERS** must have a combined annual gross income no greater than \$33,400.00.

Total Household Income:	Discount:
<input type="radio"/> \$24,861 - \$33,400	10%
<input type="radio"/> \$17,551 - \$24,860	25%
<input type="radio"/> \$17,550 & under	40%

For more information on the Utility reduction policies and definitions, please view City of Raymond’s codes on www.cityofraymond.com. 14.04.170, 14.24.020, 8.12.215

APPLICANT INFORMATION

Applicant Name _____

All other household members _____

Service Address _____

Mailing Address (if different) _____

Phone Number _____ Account Number _____

ANNUAL INCOME

TOTAL OF **ALL** OCCUPANTS OF THE HOME, **INCLUDING COPIES** (MUST LIST GROSS):

- Social Security \$ _____
 - Pension, Annuities, etc. \$ _____
 - Wages \$ _____
 - All other income (Investments, Dividends, Interest, Etc.) \$ _____
- TOTAL COMBINED INCOME** \$ _____

Copies of all 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 will not be retroactive.
If approved, the discount will take effect the first billing cycle after the date noted on the application.*