

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 \$37,950.00.

<u>Total Household Income:</u>	<u>Discount:</u>
○ \$28,951 - \$37,950	10%
○ \$19,951 - \$28,950	25%
○ \$19,950 & 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 _____

Phone Number _____ Account Number _____

ANNUAL INCOME

*TOTAL OF **ALL** OCCUPANTS OF THE HOME, **INCLUDING COPIES-***

MUST LIST GROSS

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

TOTAL COMBINED INCOME _____ \$ _____

Copies of income submitted?

230 2nd Street
Raymond, WA 98577

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 total household 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.*