

Town of Friday Harbor

PO Box 219 / Friday Harbor / WA / 98250

(360) 378-2810 / fax (360) 378-5339 / www.fridayharbor.org

Application for Reduced Utility Rates

Low Income Senior Citizen and Disabled Citizen

Application Date:	Tax Parcel No.:	Town Utility Acct. No.:
Applicant Name:		Acct. Name (if different from Applicant):
Mailing Address:		Telephone No.:
Physical Address (if different as above):		Acct. Telephone (if different from Applicant):
<p>Primary Information: To qualify for the Town of Friday Harbor base rate discount for low income senior and disabled citizens, the applicant must meet all criteria, and RENTERS MUST HAVE LANDLORD FILL OUT NUMBER 6. Please provide documentation as directed below.</p>		
Check appropriate box(s)	Proof can be any of the following (Please attach):	
1.) <input type="checkbox"/> Age OR <input type="checkbox"/> Disability	62 years of age or older. Provide any of the following: Birth Certificate; WA Drivers License; WA Identification Card; or Social Security Statement. Disabled citizen qualifies for special parking privileges, a blind person; or qualifies for SSI due to a disability. Provide current copy of Social Security Insurance or other State or Federal proof of disability. <i>Temporary disability may not qualify for this program.</i>	
2.) Supplemental Information: Please provide the following information by checking the appropriate boxes.		
Check appropriate box(s)		
Yes No		
<input type="checkbox"/> <input type="checkbox"/>	Do you reside in federally subsidized housing? If so, what subsidizes do you receive?	
<input type="checkbox"/> <input type="checkbox"/>	If disabled, are your benefits being received on a temporary basis? If so, how long?	
<input type="checkbox"/> <input type="checkbox"/>	Does the residence share a water meter with another residence?	

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3.) <input type="checkbox"/> Income Attached	Provide prior year's income tax form 1040 or all income related documents. If you did not file form 1040, provide proof of income such as Social Security Statement, bank statement(s) reflecting Social Security direct deposits, and investment income.
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4.) For the purposes of this program, the income eligibility threshold is based on 150% of the federally established poverty guidelines as follows. Please indicate the number of people residing in the household.

<input type="checkbox"/>	1 Person Household	\$18,090
<input type="checkbox"/>	2 Person Household	\$24,360
<input type="checkbox"/>	3 Person Household	\$30,630
<input type="checkbox"/>	4 Person Household	\$36,900
<input type="checkbox"/>	For households of 5 persons or more, use the 4 person rate of \$36,900 and add \$6,270 for each additional person residing in the household.	

5.) List all sources of income, including retirement income, social security benefits, disability benefits, investment income, interest income, capital gains and rental income for you, your spouse and that of any other tenants living in the home.

6.) <input type="checkbox"/> Rental Unit	<p>Owner Statement: I understand that as the owner of this property, I am responsible for the water, sewer, stormwater and refuse bill and that this discount is designed to assist the renter, not the owner. I certify that I have a written agreement with my tenant that stipulates the tenant pay the utility bill or that I agree to reduce the tenant's rent by the amount of the rate reduction. I will also notify the Town if this tenant moves out of the residence at the above address.</p> <p>Signature: _____ Date: _____</p> <p>Name: _____ Phone: _____</p>
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Applicant Statement. I, being first duly sworn, on oath deposes and state for the purpose of the following claim for low income senior/disabled citizen utility rates in the Town of Friday Harbor, that this income figure of \$ _____ includes all earned income, including that of any spouse or co-tenant, as well as retirement income, social security benefits, disability benefits, investment income, interest income, capital gains, and net rental income from real estate. My assets do not exceed the above-indicated amount for a _____ person household, exclusive of one vehicle and the residence for which I hereby make application for a utility rate reduction. I will notify the Town if I move out of this residence or anticipate a change in my benefits. I understand that I will be required to renew this application on a yearly basis.

Signature: _____ Date: _____

Name: _____ Phone: _____

STATE OF WASHINGTON)

COUNTY OF SAN JUAN)

On this _____ day of _____, _____, personally appeared before me _____, who is personally known to me or whose identity I proved to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public

My commission expires: _____

- Application meets the criteria of the program.
- Application does not meet the criteria of the program.

Application: Approved / Denied
_____ Town Clerk Date