



CITY OF SNOHOMISH

P.O. Box 1589 · SNOHOMISH, WASHINGTON 98291 · (360) 568-3115 · WWW.SNOHOMISHWA.GOV

2019 REDUCED UTILITY RATES

WATER/SEWER RATE FOR QUALIFIED CUSTOMERS

This form is used to evaluate requests for reduced utility rates for low income senior citizens or disabled residents. Reduced water and sewer utility rates will apply to those customers who utilize a 5/8-inch single family residential service. Customers requiring service in excess of a 5/8-inch single family service shall not qualify for a rate reduction, regardless of income.

LOW INCOME SENIOR CITIZENS AND LOW INCOME DISABLED RESIDENTS

Low income senior citizens and low income disabled residents of the City may apply to receive water and sewer services at 25% of the monthly minimum charge. The following definitions shall be used in determining eligibility.

- Low income:** A household in which the total annual income is below the very low income level for the Seattle/Everett area as established and amended by survey from time to time by the United States Department of Housing and Urban Development. The current maximum levels are set at the amounts listed below.

Persons per household	Monthly income	Annual income
1	\$3,229	\$38,750
2	\$3,692	\$44,300
3	\$4,154	\$49,850
4	\$4,613	\$55,350
5	\$4,983	\$59,800
6	\$5,354	\$64,250
7	\$5,721	\$68,650
8	\$6,092	\$73,100

- Senior citizen:** A person 62 years of age or older, whose income provides the primary financial resources for the household in which the citizen is a full-time resident.
- Disabled:** A citizen whose income provides the primary resources for the household in which the citizen is a full-time resident, and who has a physical impairment of such a nature as to materially affect the number and types of employment for which the individual can reasonably qualify. *Refer to section 7 of Resolution 1373 for additional definition.*

HOW TO APPLY FOR A REDUCED UTILITY RATE

If you meet the criteria above, you may apply for a reduction in your water and sewer rates. Fill out the application on the reverse of this form, and attach the following **required** documentation.

- Verification of all household income.** Include full 2018 income tax returns (or tax return waiver) with related schedules, current social security benefit statement, and any other related income documents **for all persons 18 and older** in the household.
- Documentation of disability.** For applicants under the age of 62 only.
- Verification of age.** This may be a copy of your driver's license, birth certificate, etc.



CITY OF SNOHOMISH

P.O. Box 1589 · SNOHOMISH, WASHINGTON 98291 · (360) 568-3115 · WWW.SNOHOMISHWA.GOV

REDUCED UTILITY RATE APPLICATION

UTILITY ACCOUNT INFORMATION

Name:	
Service Address:	
Account Number:	Phone Number:
E-mail:	

ELIGIBILITY

Are you currently 62 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you disabled? <i>Refer to definition on cover sheet.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
How many persons live in your household?	
What was your household income last year? <i>Include interest income, rental income, pensions, social security, home occupation income, and money contributed from all household members over age 18.</i>	\$
List sources of income.	
Do you anticipate major changes in household income next year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain.	

APPLICANT VERIFICATION

I hereby certify under penalty of perjury of the Laws of the State of Washington that the information on this application is true and correct to the best of my knowledge and belief.

Signature _____ Printed Name _____ Date _____

PRIVACY DISCLOSURE

The City of Snohomish is committed to protecting citizen and customer privacy. All personal data and financial information is considered confidential pursuant to 42.56.070(9) and 42.56.330 RCW.

CITY USE ONLY

Income:	Total Income:	Date Received:	Approved by:
			Date: