



APPLICATION FOR LIFELINE RATE FOR UTILITY SERVICES

Utility Billing Department
555 Israel Road SW
Tumwater, WA 98501
360-754-4133

1. You may qualify if you are:

- Receiving a Thurston County Property Tax exemption.
 - See Utility Billing office personnel to assist you *AND*
 - Sign and complete Page 2

OR

- Receiving State Assistance -Basic Food, Cash Assistance.
 - Sign and complete Page 2 *AND*
 - Return along with proof of Assistance

- None of the Above
 - Proceed to Step 2

2. Are your total receipts from ALL sources (less allowable deductions if applicable) below guidelines of \$33,623 (single) - \$48,566 (couple)?

YES –

- Sign and complete pages 2 and 3 *AND*
- Provide *Proof of Income*:
 - *Copy of PRIOR year tax return or complete page 4 AND*
 - *Copy of ANNUAL Tax Statements for all income sources (e.g.: w2, 1099, etc.) Social Security Statement, retirement etc.*

NO –

- You do not currently qualify for a Lifeline discount. You may reapply again in any future year.

ALL NEW APPLICATIONS MUST INCLUDE PROOF OF AGE AND DISABILITY

APPLICATION FOR UTILITY SERVICES LIFELINE RATE

Name: _____
(Last Name) (First Name)

Mailing Address: _____

(If different than service address)

Telephone Number: _____ Utility Account Number: _____

Number of residents in household: _____

Please list names and ages: (List any additional on a blank page)	Age?	Disabled?
_____	_____	Yes____ No____
_____	_____	Yes____ No____
_____	_____	Yes____ No____

If you marked "Yes" for Disabled and you are *under the age of 62*, proof of disability is required.

I (we) declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct. Verification of any of the information contained in this application may be obtained from any source named herein.

Failure to provide proof of age or disability will cause a delay and/or possible denial of application.

Signature _____ Date _____

Signature _____ Date _____

OWNER-LANDLORD AGREEMENT AND STATEMENT

This form must be completed by the owner -only when the applicant is **NOT** the owner of the property.

Dear Owner,

The current tenant(s) of the property have applied for a Lifeline rate (utility rate reduction for low income residents with disabilities or low income senior citizens). If the tenant qualified, the property owner will receive the reduced rate on the utility billing of the aforementioned property.

Please complete the following statement of ownership.

I, _____,

(Owner Name, *printed*)

am the owner of the property at: _____
Address

City, State, Zip Code

The current tenant(s) of the property are:

I hereby agree that I, the owner, will pass on the effect of the discount to said tenant. I further agree that I will notify the City immediately, (within 48 hours or next working day), of the current tenant vacating the residence to reinstate the regular billing rate. I also understand and agree that the City shall have the right to check for compliance and retains the right to back charge for any discount received as a result of inaccurate information.

Owner Signature

Date

Owner Address

Owner Phone Number

Owner City, State, Zip Code

DECLARATION OF COMBINED TOTAL YEARLY HOUSEHOLD INCOME

Not required if receiving a Property Tax exemption

All fields required, even if zero.

Total Social Security for all members of household	\$ _____
All receipts from Retirements, pensions, IRA's, annuities	\$ _____
Veterans benefits	\$ _____
Total wages, salaries, tips	\$ _____
Total unemployment	\$ _____
All receipts from trusts, royalties, estates and interest & dividends	\$ _____
Rental/Business income (Depreciation/losses may <i>not</i> be deducted.)	\$ _____
Total capital gains (less sale of home for reinvestment in new home)	\$ _____
All other income (List source) _____	\$ _____

DEDUCTIONS:

Non reimbursed amounts paid directly to nursing home for care of spouse, or amount paid in home care.	\$ < _____ >
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TOTAL COMBINED YEARLY INCOME (ALL HOUSEHOLD MEMBERS)	\$ _____
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I (we) declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct. Verification of any of the information contained in this application may be obtained from any source named herein.

Failure to provide proof will cause a delay and/or possible denial of application.

Signature _____ Date _____

Signature _____ Date _____

ELIGIBILITY REQUIREMENTS

Senior Citizens must be 62 years of age or over.

Disabled persons have no age limit but must be unable to be gainfully employed because of the disability.

This documentation must be presented at time of application:

- A doctor's statement listing beginning date and duration of disability, *or*
- Social Security Disability income would be considered Proof of Disability, *or*
- A parking Placard ID, if issued for one of the following reasons listed. (As stated by RCW 46.19.010)
 - Has such a severe disability, that the person cannot walk without the use of or assistance from a brace, cane, another person, prosthetic device, wheelchair, or other assistive device;
 - Uses portable oxygen;
 - Is restricted by lung disease to such an extent that forced expiratory respiratory volume, when measured by spirometry is less than one liter per second or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
 - Impairment by cardiovascular disease or cardiac condition to the extent that the person's functional limitations are classified as class III or IV under standards accepted by the American Heart Association;

Veterans with a 100% Service Connected Disability - No age limit, but must have documentation from the Department of Veterans Affairs. Proof of Disability must be presented at time of application.

Home Ownership

The property must be the primary home, shared ownership in a cooperative housing unit, or a mobile home (even if you do not own the land). You must occupy the home for more than six months each year.

The Lifeline rate applies to residential customers only, who are separately metered for water. Those who are not separately metered may receive a sewer only reduction.

Lifeline rates are 50% of the standard utility rate for water, sewer, LOTT, and storm water. Once a customer qualifies for this program, the Lifeline rate becomes effective on the next billing cycle and must be renewed every year in order to maintain qualification. The City is not responsible for adjusting prior billings if the annual qualification lapses.

COMPUTING HOUSEHOLD INCOME

Income includes all sources, *whether or not they are taxable* for federal income tax purposes.

Some of the most common sources of income include:

- Social Security benefits
- Welfare receipts
- Retirement benefits
- Unemployment compensation
- VA Income, other than disability
- Pension and annuity receipts (such as: retirement bonds, IRAs, Keogh plans, etc.)
- Wages, salaries and tips
- Capital gains
- Interest and dividend receipts
- Disability payments

*Please note: Depreciation and losses may NOT be deducted.

Allowable Deductions:

Your income may be reduced by the following:

- Non-reimbursed amounts paid for prescription drugs.
- Costs of Medicare Health Care Insurance under Title XVIII of the Social Security Act
Note: no other health insurance premiums can be deducted, only Medicare – Title XVIII.
- Non-reimbursed amounts paid for care in:
 - a nursing home, boarding home, or adult family home
- Non-reimbursed amounts paid for:
 - in-home care - medical treatments such as diabetic testing supplies, etc.
 - physical therapy
 - meal delivery service
 - personal care - assistance with personal hygiene, meals/eating, medication, etc.
 - household care - assistance with household tasks you can no longer perform. No repairs or home improvements included.
 - Special furniture and equipment - wheelchairs, hospital beds, oxygen, etc.