



100 3rd Avenue Southeast | Pacific, WA 98047
Phone: 253.929.1100 | Fax: 253.939.6026
www.pacificwa.gov

LOW-INCOME SENIOR CITIZEN & LOW-INCOME DISABILITY REDUCTION

Low Income Senior Citizen: Means the head of a single-family household as defined by Internal Revenue Service regulations who has attained the age of 62 years and whose total income from all sources, including that of his or her spouse or co-tenant, does not exceed the amount specified as “low income” under the regulations of the United States Department of Housing & Urban Development (HUD) for section 8 programs, as now existing or as hereafter amended.

Low Income Disabled Citizen: Means a person whose total income from all sources, including that of his or her spouse or co-tenant, does not exceed the amount specified as “low income” under the regulations of the United States Department of Housing & Urban Development (HUD) for section 8 programs, as now existing or as hereafter amended and who has received, in writing, a 50% or higher disability rating as defined under any Washington State or Federal program.

PROGRAM GUIDELINES

Applying for Utilities Discount as a Senior

- Applicants must have the City utility account in their name & be living at the residence
- Applicants must be 62 years of age or older

Applying for Utilities Discount as Disabled

- Applicants must have the City utility account in their name & be living at the residence
- Applicant must be at least 18 years of age
- Applicant must be permanently disabled as determined by a physician; subject to verification
- First time applicants must have the doctor fill out the back of the Utility Discount Application, provide a signature & office stamp OR provide a letter on doctor’s letterhead

Household Income Requirements

- Applicants must claim income from EACH individual living in the household 18 years or older
- Income from all sources must be less than the maximum amount allowed for very low income as defined by the Department of Housing & Urban Development 2020 Income Limits
- Applicants cannot be receiving utility allowances or rent subsidies from another governmental agency (HUD Section 8, King Count Housing, SHAG, etc.)
- In order to meet the eligibility requirements, the **total gross 2020 income** for the household may not exceed:

HUD INCOME LIMITS FOR 2021	
PERSONS	TOTAL HOUSEHOLD ANNUAL INCOME
1	\$40,500
2	\$46,300
3	\$52,100
4	\$57,850
5	\$62,500



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If you meet the income requirements, please fill out the City of Pacific Application for Low Income Senior Citizen & Low Income Disability Reduction in Water, Sewer & Storm and return to the Utility Billing Department at the City Hall. In addition to the application, you will need to provide picture identification (driver's license, passport or other photo ID) as well as all supporting income verification documentation.

Please provide complete copies of the IRS return with all schedules attached. All income must be disclosed whether federally taxable or not and whether reported on your tax return (i.e. social security payments). Below are some examples of IRS schedules:

- W-2 Forms
- Retirement Income Statement
- Pension & Annuity Disbursal Statement
- Social Security Income Verification Letter
- Supplemental Social Security Income Verification Letter
- Unemployment Compensation
- Monies contributed to your household by others
- Alimony
- Investment Income
- Trust or Royalty disbursements
- IRA disbursements
- Bond statements
- Capital Gains
- Business or Rental income

IMPORTANT NOTE: If you are approved for the discount, you must reapply every year. A renewal packet will be mailed each year. ***Failure to reapply by May 31, 2021 will result in all rates reverting back to the current full fees.***

If you have additional questions, please contact the Utility Department at (253) 929-1100.



**Low-Income Senior Citizen & Low-Income Disability
Application for Reduced Water, Sewer & Storm Rates**

Please return to:

City of Pacific
Utility Billing Department
100 3rd Ave. SE
Pacific, WA 98047
or
billing@ci.pacific.wa.us

YEAR: 2021

DUE: May 31, 2021

- PLEASE FILL IN ALL AREAS COMPLETELY -

1.) How many people currently live in your household? _____

Starting with yourself, list the name & birthdate of everyone currently living in your household

(If you need additional space, please attach additional pages)

	NAME	DATE OF BIRTH
A.)	_____	_____
**Photo identification is required for Applicant A (drivers license, passport, photo ID)		
B.)	_____	_____
C.)	_____	_____
D.)	_____	_____

2.) Service Address: _____

Utility Account #: _____ E-mail: _____

Phone #: _____ Alt. Phone #: _____

3.) Have you qualified for this program before? ☐ Yes ☐ No

4.) I am currently 62 years of age or older ☐ Yes ☐ No

or

I am over 18 years of age & permanently disabled ☐ Yes ☐ No

5.) Are you: ☐ Single, one person household ☐ Married/Co-Tenants
☐ Divorced ☐ Widowed

6.) Do you: ☐ Own House ☐ Own Condo ☐ Rent

If you are a renter, please provide a photocopy of an executive lease agreement, which specifies the terms of the lease & that the lessee is responsible for the payment of the utilities

7.) I currently occupy this property full-time, as my principal residence ☐ Yes ☐ No

8.) The combined total income from all applicants in question #1 meets the income requirements
☐ Yes ☐ No

- 9.) I agree that I will promptly notify The City of Pacific in writing if I should move from the above residence or in the event of any change in my financial condition that would disqualify me from receiving the reduced rates for utility service.
- ☐ Yes ☐ No
- 10.) I agree to promptly repay The City of Pacific for any undercharges that have been made if it is determined that I am not qualified for the program.
- ☐ Yes ☐ No
- 11.) I agree to provide The City of Pacific with such additional information about my income & residence as may be requested at any time in order to establish eligibility.
- ☐ Yes ☐ No

The credit shall only be allowed from & after the date that the citizen makes application for this reduction & is approved for this reduction. The City of Pacific shall not be liable for failure of any qualified person to make application for the reduction & there shall be no entitlement to such reduction in the absence of an application therefore.

I, the undersigned, do hereby certify under penalty of perjury, that I have read & understood all of the program guidelines provided on this application & that all of the information provided by me on this application is true to the best of my knowledge. I understand that any changes to my application or any attempts to falsify my information will result in my disqualification from this program & the City of Pacific may recover the actual cost of my utility bills for the period that I was not eligible. I further certify that my income remains the same as presented on my documentation. This application is non-transferrable.

_____ Applicant A Signature	_____ Date
_____ Applicant B Signature	_____ Date
_____ Applicant C Signature	_____ Date
_____ Applicant D Signature	_____ Date

CITY OF PACIFIC USE ONLY			
Date Received:	_____	Received By:	_____
Date Approved:	_____	Approved By:	_____

MANDATORY INCOME WORKSHEET

Please provide complete copies of the IRS Tax Returns with all schedules for income listed under "Annual Income Source". All income must be disclosed whether federally taxable or not and whether reported on your tax return, such as Social Security payments. Please do not mail originals as they will not be returned.

<u>Annual Income Source</u>	<u>Applicant A</u>	<u>Applicant B</u>	<u>Applicant C</u>	<u>Applicant D</u>
Social Security				
Pension Benefits				
Public Assistance				
Interest / Dividend (1099)				
Salaries / Wages				
Business Income				
Supplement Security Income (SSI)				
Social Security Disability Income (SSDI)				
IRA Withdrawal				
Gifts				
Other Sources				
ANNUAL TOTAL				