



CITY OF MONROE
806 WEST MAIN STREET
MONROE, WA 98272
(360) 794-7400

**2009 UTILITY RATE DISCOUNT APPLICATION
LOW INCOME SENIOR CITIZENS & DISABLED PERSONS**

Low income senior citizens and low income disabled residents of the city, as defined below, are entitled to receive water, sewer, garbage, recycling, and storm water services at 30% less than normal rates.

Reduced garbage rates are limited to services of up to one 32-gallon container per week. Customers requiring service in excess of this level of service must attach a letter documenting the need for a higher level of service.

LOW INCOME: A household in which the total annual income is below 50% of the median level as determined by the United States Department of Housing and Urban Development for the Seattle/Everett metropolitan area. Presently, the maximum annual income levels are set at the limits shown below:

HOUSEHOLD SIZE	INCOME LIMIT
1 Person	\$29,500
2 Person	\$33,700
3 Person	\$37,950
4 Person	\$42,150
5 Person	\$45,500
6 Person	\$48,900
7 Person	\$52,250
8 Person	\$55,650

SENIOR CITIZENS: Shall be restricted to single family dwelling units primarily occupied by a Senior Citizen being 62 years of age or older and having no more than the allowed income per the chart above. City requires proof of age, and annual income reporting.

DISABLED PERSONS: Having the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months. The discount is restricted to single family residential units primarily occupied by a disabled person having no more than the allowed income per the chart above.

Customers applying for the discount rates on the basis of disability shall furnish proof of such disability from the Social Security Administration, in addition to proof of annual income.

The following information will be used to evaluate requests for discounted utility service rates:

Name: _____ Account #: _____

Street Address: _____

Mailing Address: _____

Telephone #: _____ Age: _____ Birthdate: _____

Number of persons in household (Include yourself) _____

Are you a Comcast Cable Customer (AT&T)? Yes _____ No _____

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____
(Must include rental income, wages, pension, etc. from all members)

LESS FEDERAL INCOME TAX AND SOCIAL SECURITY TAXES PAID: \$ _____

NET HOUSEHOLD INCOME: \$ _____

AFFIDAVIT: I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

I have attached a copy of my most recent federal income tax return or Social Security statement, and documentation of disability or age.

Signature of Applicant Date

Witness Signature Date

FOR OFFICE USE ONLY

Verification of Income Attached _____ Documentation of Age or Disability Attached _____

This individual:

[] Is eligible for a utility rate reduction.

[] Is NOT eligible for a utility rate reduction for the following reason: _____

Authorizing Signature Date

Routing

File copy, Finance _____

Waste Management _____