

Utilities – Water & Sewer

407 Birch Ave SW, P. O. Box 810 Napavine, WA 98565 Phone: (360) 262-3547 Fax: (360) 262-9199 www.napavine.wa.gov

Senior/Disabled Reduced Rates Application

The City of Napavine offers reduced rates to qualified low-income seniors and disabled customers for water, sewer utilities provided by the City. The program includes both homeowners and renters who live in a residence receiving a separate City of Napavine water and/or sewer bill service.

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		ŀ	Eligib	ility Requ	uirement	S		
		of age with total ann d income of \$30,000			ome of \$40	0,000 or less for two o	r more. Or single wit	
				from gainf		nent by reason of disal otal annual household		
		F	Appli	cation In	formatio	n		
Applicant Name(s)					\overline{A}	Account No.		
Service Address				Ī	Total Household Residents			
Mailing Address					Ā	Age & Date of Birth		
Please answe	er the fo	ollowing questions	:					
□Yes □ No	❖ I❖ I§½½	f NO , include <u>destatements</u> , W-2 of December bank	ull cop ocume or 109 staten ts. If a	oy of your entation to 99's. ANI nents for application	prior year to suppor D, you m prior ye	r tax return included to income, such as ust also include ar for all bank a lanuary, you must in	S social security November and accounts and/or	
□Yes □ No	 I I 	of YES, provide tax above) for each how HOUSEHOLD" co	k retu usehol	rn or othe d member	r support , and inclu	ontributes to housel ing documentation de all income in the	(as stated	
□Yes □ No	* I	ou a renter? If YES, you are a reyou certify that you		_		rogram, by signing the water bill.	this application	
			0	fficial Use C	Inly			
Date Received		Account No.	Age	Owner	Renter	Total Income	Verified By	



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of of age and disability is required with each application. Do	Campination Court include.				
 ❖ Proof of Age: □ Driver's License □ State Issued ID Card □ Passport □ Other Photo ID 					
 ❖ Proof of Disability: □ Social Security Award Letter □ Other State or Fe 	deral Program Approved Letter				
Gross Income Verifica	tion				
Income Source	Annual Income for Household				
Wages, Salaries, tips, etc.	\$				
Interest (all sources)	\$				
Dividends	\$				
Alimony\Child Support	\$				
Gross Business income (Exclude losses and expenses)	\$				
Capital Gain (Exclude losses)	\$				
Other gains	\$				
IRA distributions	\$				
Pensions and annuities	\$				
Rental Income (Exclude depreciation and expenses)	\$				
Real Estate Income (Exclude depreciation and expenses)	\$				
Royalties	\$				
Farm Income	\$				
Unemployment	\$				
Social Security or Railroad Retirement	\$				
VA Benefits	\$				
Military pay and benefits	\$				
All Other Income	\$				
TOTAL INCOME	•				

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AFFIDAVIT							
I affirm and promise that if I qualify to receive the reduced utility rates that I will in writing of the following: 1) if I move from the above address; And 2) of any disqualifies me from receiving a special utility rate.	y change in my financial condition that						
If it is determined that I am not qualified to receive a special utility rate reduction, I also promise to promptly repay the City of Napavine the current utility rate with interest of 18% per annum until repaid. I also agree to provide the City of Napavine additional information about my income and/or residence, as may be requested from time to time.							
Signature of Applicant	Date						
Reminder – Applicants cannot be approved without required documentation and information to the City of Napavine in an application for reduced utility rates shall reductions in utility rates.							

^{*}Include "gross income", as defined by 26 USC 31, for all household members.