



## City of Milton Application for Reduced Utility Rates

The City of Milton offers reduced rates to qualified low-income seniors and low-income disabled customers for utilities provided by the City. The program applies to residential customers only. In addition, there is a stormwater discount for those customers who receive a discount on stormwater from the County Tax Assessor.

### ELIGIBILITY REQUIREMENTS

I meet the income criteria below, I am 18 years of age or older, I cannot engage in any substantial gainful activity because of a physical or mental condition; **AND** a physician has determined that the disability has lasted or can be expected to last continuously for at least a year or can lead to death.

**-OR-**

I meet the income criteria below AND I am at least 62 years of age.

### HOUSEHOLD INCOME CRITERIA

# In Household	Maximum Annual Income	# In Household	Maximum Annual Income
1	\$30,300	4	\$43,250
2	\$34,600	5	\$46,750
3	\$38,950		

### APPLICANT INFORMATION

Name (please print)			
Mailing Address			
City	State	Zip	Phone
Service Address		Email	

#### Please answer the following questions:

- Yes  No Have you filed a federal tax return this year?  
 If YES, include a full copy of your tax return.  
 If NO, include documentation to support income, such as social security statements, W-2 or 1099s. Please also include copies of the last 12 bank statements for all bank accounts and/or retirement accounts.
- Yes  No Is there any other person living in the home who contributes to household expenses? If so, provide tax return or other supporting documentation (as stated above) for each household member, and include all income in the "INCOME FOR HOUSEHOLD" column on the next page.
- Yes  No Do you receive a Stormwater Exemption on your Property Taxes? If yes, provide a copy of your most recent assessment or a print screen from the County Assessor showing the exemption.

Proof of age and disability (if applicable) is required with each application. Documentation may include:

- Age: Driver's License or State Issued ID, Birth Certificate, Passport
- Disability: Social Security Administration or VA Determination

## City of Milton Application for Reduced Utility Rates (cont'd)

Name of Applicant \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

Total number in household \_\_\_\_\_ Number of household members included in income verification \_\_\_\_\_

<b>GROSS INCOME VERIFICATION</b>	
<b>INCOME SOURCE</b>	<b>INCOME FOR HOUSEHOLD*</b>
Wages, Salaries, Tips, etc.	
Interest (all sources)	
Dividends	
Alimony/Child Support	
Social Security	
Retirement or Pension	
Public Assistance	
Savings Accounts and/or Trust Funds	
Real Estate Income	
Other Sources – Specify:	
<b>TOTAL INCOME</b>	

\*Include “gross income”, as defined by 26 USC 31, for **all household members**.

<b>CERTIFICATION</b>	
<p><b>By signing this form, I confirm that I:</b></p> <ul style="list-style-type: none"> <li><b>Have provided all documentation to verify household income and will provide additional documentation upon request.</b></li> <li><b>Declare under penalty of perjury that the information in this application is true and complete.</b></li> <li><b>Understand it is my responsibility to notify the City if I move, sell or transfer interest in my property, no longer meet the definition of disability as defined above, or income no longer qualifies.</b></li> <li><b>Will be required to pay back the discount received if I receive reduced rates without meeting the qualification guidelines.</b></li> <li><b>Understand re-certifications may be requested on an annual basis.</b></li> </ul>	
<b>Signature of Applicant</b>	<b>Date</b>

Please return the completed application and required documentation to:

City of Milton Finance Department.  
 1000 Laurel Street Building D  
 Milton, WA 98354

Email: [utilities@cityofmilton.net](mailto:utilities@cityofmilton.net)

Fax: 253-922-8735