



H. My combined annual household income is less than the amount specified on the attached INCOME ELIGIBILITY TABLE (see page 5) for a:

(please check one)

- 1-person household
- 2-person household
- 3-person household
- Other (please specify) \_\_\_\_\_
- Copy of Income Tax Return included.
- I am not required to file with the IRS.

This income figure includes all earned income, including that of any spouse or co-tenant, as well as any retirement income, social security benefits, disability benefits, investment income, interest income, capital gains, and net rental income from real estate. My assets do not exceed \$35,000 exclusive of one vehicle (for disabled persons, 2 vehicles if one has been substantially modified for use by a disabled person), and the lot and residence for which the reduction has been made.

PLEASE **DO NOT** SIGN UNTIL PRESENTED TO THE CITY TREASURER'S OFFICE.

Signature of Applicant	Date
Witness (City Representative)	Date

\* \* \* \* \*

FOR CITY USE ONLY:

Income Verified

Status Verified:

Disabled

Senior Citizen

Total Annual Income \$ \_\_\_\_\_

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

**Monthly/Annual Income:**

<u>Income Type</u>	<u>Applicant</u>	<u>Co-Tenant(s)</u>
Social Security .....	\$ _____	\$ _____
Supplemental Social Security (SSI) .....	\$ _____	\$ _____
Veteran Affairs (VA) .....	\$ _____	\$ _____
Retirement/Pensions .....	\$ _____	\$ _____
Salary (include pay stubs) .....	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____

**Resources:**

<u>Resource Type</u>	<u>Applicant</u>	<u>Co-Tenant(s)</u>
Bank Accounts .....	\$ _____	\$ _____
Stocks/Bonds .....	\$ _____	\$ _____
Real Property (not residence) .....	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____

I declare under penalty of perjury that the income and resource information given by me in this declaration is true, correct, and complete to the best of my knowledge and I realize that willful falsification of this information by me may subject me to penalties as provided in City Ordinance Nos. 1309 & 1519 N.S.

I UNDERSTAND THAT I MUST REPORT ANY CHANGES IN MY INCOME AND/OR RESOURCES. I ALSO UNDERSTAND THAT I MUST RE-APPLY EACH BENEFIT YEAR.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**LOW INCOME SENIOR CITIZEN** – Means any person sixty-two (62) years of age or older and whose combined household income, including that of his or her spouse or co-tenant(s), is at or below one hundred percent (100%) of the federally established poverty level.

**LOW INCOME DISABLED CITIZEN** – Means (i) a person qualifying for special parking privileges under RCW 46.19.010(1) (a) through (f), (ii) a blind person as defined in RCW 74.18.020, or (iii) a disabled, handicapped, or incapacitated person as defined under any other existing state or federal program whose combined household income, including that of his or her spouse or co-tenant(s), is at or below one hundred percent (100%) of the federally established poverty level.

**INCOME ELIGIBILITY THRESHOLD** – For purposes of this program, the income eligibility threshold is based on one hundred percent (100%) of the federally established poverty level.

The residential dwelling unit must be occupied and used by the applicant(s) as his or her residence and be within the city limits of Colville, WA.

Combined household income, including that of his or her spouse or co-tenant, from all sources for the preceding calendar year shall be less than the specified amount for household size. Income shall include earned income as well as retirement income, social security benefits, disability benefits, investment income, interest income, capital gains, and net rental income from real estate. Assets shall not exceed **\$35,000** exclusive of the residence and lot applied for, and one (1) vehicle (for disabled person, two (2) vehicles if one has been substantially modified for use by a disabled person).

**ANNUAL FILING, BENEFIT & QUALIFYING YEAR** – Application shall include the income tax return, and all W-9's of the applicant and all persons residing with the applicant.

Applications for rate reduction must be filed with the City Treasurer by April 15<sup>th</sup> for the Benefit Year.

The Benefit Year starts with the June billing and ends with the May billing.

Application for base rate reduction can be made prior to the 15<sup>th</sup> day of any month of the benefit year and base rate reduction will commence with the billing of the second month after application and shall expire at the end of the benefit year. Applicant must provide a copy of the most current year income tax return and all W-9's.

Re-application will be required on an annual basis.

Application shall be in the form of an affidavit prepared by and provided to any requesting applicant by the City Treasurer of the City of Colville. The affidavit shall be signed by the applicant or by his or her attorney-in-fact.

**APPLICATION DOCUMENTS** – The City Treasurer may request the applicant to provide documentation in support of the affidavit and the applicant shall provide the City Treasurer with any documentation requested prior to approval of the application.

**ELIGIBLE HOUSING** – A low income senior citizen or low income disabled citizen who establishes their eligibility in accordance with the procedures set forth herein and is the owner, contract purchaser, or lessee of a residential dwelling unit, connected to or serviced by the water/sewer service systems operated by the City of Colville that has individual service with a single water meter and who is responsible for payment for those services. **Persons residing in federally subsidized housing are not eligible for base rate utility reductions under Ordinance #1196 N.S.**

**BASE RATE REDUCTION: QUALIFICATION** – The City Treasurer shall determine whether the applicant is qualified for a base rate utility reduction under this program and shall provide written notification to the applicant of this decision. Only one (1) base rate reduction shall be permitted per household.

**INCOME ELIGIBILITY TABLE**  
**2014 HHS Poverty Guidelines**  
(Federal Register <http://aspe.hhs.gov/poverty/14poverty.cfm>)

For the purpose of this program, the income eligibility threshold is based on 100% of the federally established poverty level and is described as follows:

The following figures are the 2014 HHS poverty guidelines which are scheduled to be published in the Federal Register on January 22, 2014. (Additional information will be posted after the guidelines are published.)

**2014 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES  
AND THE DISTRICT OF COLUMBIA**

Persons in family/household	Poverty guideline
1	\$11,670
2	15,730
3	19,790
4	23,850
5	27,910
6	31,970
7	36,030
8	40,090
For families/households with more than 8 persons, add \$4,060 for each additional person.	

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Combined household income, including that of spouse or co-tenant(s), from all sources for the preceding calendar year shall be less than the above-specified amount for household size. Income includes earned income as well as retirement income, social security benefits, disability benefits, investment income, interest income, capital gains, and net rental income from real estate. Assets cannot exceed \$35,000, exclusive of one vehicle, the lot and house for which the reduction has been applied, and two vehicles, if that vehicle has been substantially modified for their use.

**DIRECTIONS FOR COMPLETING THE LOW INCOME SENIOR / DISABLED CITIZEN UTILITY RATE REDUCTION APPLICATION**

Page 1 Please complete this page. The City will provide the Utility Account number.

Page 2 The City Treasurer will need to verify your income. When you return the application, please bring the following:

- A copy of your prior year IRS tax return..... **OR**
- Your Social Security Insurance distribution statement.....**OR**
- Your bank statement showing direct deposit of benefits into your account .....**AND**
- A copy of any 1099's that you have received for investments or interest earned on a bank account . . . . . **AND**
- Proof of any other income that you receive on a monthly or annual basis

Page 3 Page three asks for details of your income and resources. Please enter your monthly income or your annual income. Specify the source of your income. Enter these items in the spaces provided.

Your resources are those funds, which you hold in reserve, like savings, certificates of deposit, stocks, bonds, or other investments like real estate (other than your residence), or rental property.

Page 4 Page four provides definitions and information to help you complete this application. If you have questions, please call our office at (509) 684-5091.

Page 5 The Income Eligibility Table on page five should help you to decide if you will qualify for the Rate Reduction Program. This Table will be amended when the Federal Register is updated in February each year.

Page 6 Directions to help you complete the application.