

**APPLICATION FOR LOW INCOME/SENIOR DISCOUNT(4):****YEAR(1): 2015**

3801 W. Van Giesen St  
 West Richland, WA 99353  
 509-967-3431  
 509-967-5706 (Fax)  
[utilities@westrichland.org](mailto:utilities@westrichland.org)

Today's date: \_\_\_\_\_

Date for discounted rates(2): \_\_\_\_\_

Service address: \_\_\_\_\_

**CUSTOMER NAME (5):**

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

No. of garbage cans currently on site (5): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone - Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Is this request for your own personal and primary residence? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you billed directly for your utility services(3)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is your residence currently connected to City water and/or sewer services? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you 61 years of age or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is your total household income under \$28,150 annually? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What are the total number of adults living in your household? \_\_\_\_\_

**IMPORTANT:**

(1) This application is good for **January through December** of this year indicated. Renewal of this application is required annually and is due by April 15 of the next year. Failure to renew will result in your rates reverting back to regular rates.

(2) Approved applications received prior to the 21st of the month will begin on the next billing cycle. Approved applications received after the 21st will not begin until the following billing cycle. For example, approved applications received on 6/21 would begin for the July billing cycle. Approved applications received on 6/22 would begin for the August billing cycle.

(3) If the answer is "NO", your landlord must sign below attesting that the discount will be passed on to the applicant. The landlord/owner will be responsible for notifying the City when you vacate the premises.

(4) Acceptable documentation must be presented with this application to verify that all requirements are met to receive the discounted rates. Acceptable documentation can be, but are not limited to: Tax returns, Social Security Income (SSI) award letters, SSI/DSHS check stubs, bank statements, annual benefit summaries, etc.

(5) If you currently have more than one garbage can your garbage rates will not be eligible for the low income/senior discount.

I certify under penalty of perjury the above stated information is true. If my household income or circumstances change, I acknowledge my responsibility to notify the City. I also acknowledge that I will be held liable to reimburse the City for any discounts received as a result of false or misleading information.

Customer signature / date \_\_\_\_\_

Landlord/Owner signature/ date \_\_\_\_\_

**Office Use Only:**

Bill Cycle: \_\_\_\_\_

Approved: \_\_\_\_\_

Verified (initials/date): \_\_\_\_\_

Denied: \_\_\_\_\_

Age \_\_\_\_\_

Reason: \_\_\_\_\_

Occupancy \_\_\_\_\_

Income \_\_\_\_\_