



**Dear Utility Customer:**

The City of West Richland offers reduced utility rates for low-income permanently disabled customers. Permanently disabled status must be verified by physician and household income levels must meet criteria listed below. If you would like to apply for the utility discount, please see program guidelines below and follow instructions on the following page.

**Utility Low-Income Discount Customers are required to re-apply each year by April 15th.**

**Program Guidelines:**

**Applying for utility discount as a permanently disabled citizen:**

- Service address must be applicants primary full time residence.
- Discount will not be provided on more than one property for any individual.
- Applicant must have the City utility account in their name.
- Applicant must be permanently disabled as determined by a physician; subject to verification.
- **First time applicants** must have their physician fill out the Affidavit for Claim of Permanent Disability form, complete with signature and office stamp OR provide a letter on doctor’s letterhead certifying permanent disability.

**Household income requirements:**

- Applicant must claim and provide income verification for **EACH** individual living in the household.
- Applicant cannot be receiving utility allowances or rent subsidies from another governmental agency (HUD Section 8, etc.).
- Total household income may not exceed the amount set forth by the Secretary of Housing and Urban Development as very low-income, and shall be at the level stated for total household size for the Richland-Kennewick-Pasco Metropolitan Service Area (MSA) (Income limits subject to change according to updates by Secretary of Housing and Urban development for above referenced amount).

**Number of people in Household**

	1	2	3	4	5	6
<b>Yearly gross household income</b>	23400	26750	30100	33400	36100	38750

The discount is granted for the duration of the calendar year, with the provision of a grace period at the beginning of the year to accommodate renewals. On April 15th of each year, all accounts without a current application on file at the city will be returned to the full rate effective for the billing period beginning March 22nd (to be billed April 30th).

If you have additional questions, please contact Utility Billing at 509-967-3431 or [utilities@westrichland.org](mailto:utilities@westrichland.org) .



## Instructions for applying for Low Income discount:

### **Bring all information listed below to:**

- City of West Richland  
Administration Building/City Hall  
3801 W Van Giesen St  
West Richland, Washington 99353

### **Step #1-Completed and signed Affidavit for Claim of Permanent Disability Form:**

- If applying for permanently disabled low income discount for first time, have physician complete and sign Affidavit for Claim of Permanent Disability form.

### **Step #2-Proof of identity:**

- Photo ID displaying address and date of birth is required. Acceptable forms of identification are: Washington State Driver's license, Passport, Permanent Resident Card or State Identification Card.

### **Step #3-Proof of income for EACH individual living in the household:**

***(For example: children, relatives, friends, caregiver, etc.):***

1. Current year Tax Return\* - All pages are required with backup documents
2. Any other source(s) of income including:
  - Form W-2, Wages and Tax Statement
  - (State of Washington) Unemployment Compensation Payments Statement
  - Form SSA-1099, Social Security Retirement Benefit (SSA) Statement
  - Social Security Insurance (SSI) Benefits Letter
  - Form #1099 for Pension, IRA, Dividends, Interest, or other
  - DSHS Benefits Letter –food, cash, medical (All pages)
  - Child Support or Alimony Statement
  - Veterans Administration Benefits
  - Labor & Industry (L & I) Payment Statement
  - Any other sources(s) of income

\*If unable to provide previous year's tax return, applicant must provide their two most current month's bank statements ***and*** verification from other sources ( see #2 above).

### **Step #4-Proof of household size and place of residence:**

- Copy of signed and dated rental agreement listing all members of household.



# CITY OF WEST RICHLAND UTILITY DISCOUNT AFFIDAVIT FOR CLAIM OF PERMANENT DISABILITY

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The undersigned certifies, subject to the penalties of perjury, that the applicant meets the following criteria for receiving the exemption for utility services:

*“The applicant is **permanently disabled** in that the individual has lost both legs and arms or one leg and one arm, or total loss of eyesight, or is paralyzed or suffering from some other condition **permanently incapacitating** the applicant from ever performing any work at any gainful occupation.”*

**To be completed by Physician: (Please Print)**

**Applicant**

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician**

Business Name: \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Business Telephone: \_\_\_\_\_

Physician Name (print): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Verification Required:**  
**Physician Office Stamp OR Letter on office letterhead.**