



LOW-INCOME SENIOR OR DISABLED UTILITY DISCOUNT INSTRUCTIONS

Questions? Call us at (425) 556-2152 or e-mail utilitybilling@redmond.gov

PROGRAM OVERVIEW:

If you are a low-income senior or low-income disabled resident you may be eligible for the City of Redmond's utility discount program. If approved, you will receive a 50% discount on your utility bill. To qualify for the program, you must meet the following requirements:

- Have a City of Redmond utility account established in your name;
- Live at the address receiving Redmond utility services as your primary residence;
- Be 62 years of age or older **OR** totally and permanently disabled;
- Meet the total household income guidelines below:

2016 HOUSEHOLD INCOME REQUIREMENTS	
Household Size	Total Household Income
1	\$31,650
2	\$36,150
3	\$40,650
4	\$45,150
5	\$48,800

HOW TO APPLY:

If you meet the above requirements, please fill out and return the enclosed Utility Discount Application along with copies of the following:

- Proof of Age (photo ID) **OR** Proof of Disability (award letter)
- Current Tax Return with all attachments/schedules **OR** 1 Year of Current Bank Statements

If approved, the utility discount will not be applied retroactively. The discount will be effective only after a completed application is submitted and approved. The application is non-transferrable.

Return the application and required documentation to the City of Redmond:

By Mail:
CITY OF REDMOND
UTILITY BILLING, 3NFN
PO BOX 97010
REDMOND, WA 98073-9710

Drop off in-person:
REDMOND CITY HALL
2ND FLOOR, CASHIER
15670 NE 85TH ST
REDMOND, WA 98052

*The utility discount is renewable **every two (2) years**, or if occupancy changes, or as requested by City of Redmond staff.*



LOW-INCOME SENIOR OR DISABLED UTILITY DISCOUNT APPLICATION

Questions? Call us at (425) 556-2152 or e-mail utilitybilling@redmond.gov

Return this completed application along with all required documentation to:
CITY OF REDMOND • UTILITY BILLING, 3NFN • PO BOX 97010 • REDMOND, WA 98073-9710

Account No.: _____ E-mail: _____

Name: _____ Phone No.: _____

Address (primary residence): _____

To qualify for the discount, the applicant must be either at least 62 years of age or totally and permanently disabled. Please check the following that applies to you:

Age 62 or older OR Totally and permanently disabled

List all other occupants living in the household:

Name	Birthdate	Relationship to Applicant
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

For additional occupants, attach a separate sheet that lists the name, birthdate and relationship.

Proof of Age OR Disability:

Please check one of the following and enclose a copy with your application.

Proof of Age: Driver's License Passport Other Photo ID

Proof of Disability: Social Security Award Letter Other State or Federal Program Approval Letter

Proof of Income:

Please check one of the following, fill out the gross annual household income worksheet on page 2 and enclose copies of income documentation for all household occupants with your application.

Current Tax Return with all attachments/schedules 1 Year of Current Bank Statements

Utility Discount application continued on next page

Gross Annual Household Income Worksheet: Fill in the annual dollar amount where applicable

Annual Income Source	Applicant	Resident #2	Resident #3	Resident #4
Social Security <i>(SSA, SSI, SSDI, 1099)</i>				
Salary/Wages/Tips <i>(W-2)</i>				
Pension/Veterans' Benefits/Annuities <i>(1099-R)</i>				
Interest/Dividends <i>(1099-INT or 1099-DIV)</i>				
Capital Gains/Losses <i>(1040 + Schedule D)</i>				
Business/Rental Income <i>(1040 + Schedule C)</i>				
IRA Withdrawal <i>(1099-R)</i>				
Other Income <i>(e.g. unemployment, gifts/cash, military pay/benefits, work study earnings)</i>				
TOTAL ANNUAL INCOME	\$	\$	\$	\$

I, the undersigned, under penalty of perjury do hereby declare and certify:

- I read and understand all of the program guidelines provided with this application. All the information provided by me on this application is accurate, complete and true to the best of my knowledge.
- I promise that I will promptly notify the City in writing of any change in my financial situation that would disqualify me from receiving the utility discount or if I should move from the above residence.
- I promise that I will promptly repay the City for any undercharges that have been made if it is determined that I am not qualified.
- I agree to provide the City with such additional information about my income and residence as may be requested from time to time in order to establish eligibility.

Applicant Printed Name

Signature

Date

INTERNAL USE ONLY:		
_____ Date Received	_____ Approved By	_____ Date Approved