



For Internal Use Only
 Account # _____
 Route _____

2021 City of Bellingham Application for Reduced Utility Rates

The City of Bellingham offers reduced rates to qualified low income seniors and disabled customers for water, sewer, and storm water utilities provided by the City. The program includes both homeowners and renters who live in a residence receiving a separate City of Bellingham water and/or sewer bill service.

ELIGIBILITY REQUIREMENT

- I am 62 years of age with total annual household income of \$42,043 or less.
 - OR -
 I am 18 years of age, or older, and retired from gainful employment by reason of disability with total annual household income of \$42,043 or less.

APPLICANT INFORMATION

Name (Please Print)		Date of Birth	
Mailing Address			
City	State	Zip	Phone
Service Address (if different):			

Please answer the following questions:

- Yes No Did or will you file a federal tax return for 2020?
 If **YES**, include a full copy of your **2020 tax return including all schedules**.
 If **NO**, include **documentation to support income**, such as social security statements, W-2 or 1099s for **all** persons living in your household. If you have income from other sources and you did not receive a W2 or 1099, provide either a statement from the organization or copies of your monthly bank statements that shows the income received
- 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 Are you a renter? If you are a renter and eligible for this program, by signing this application you certify that you are responsible for paying the water bill or your rent has been reduced by the amount of the rate reduction.

Proof of age and disability is required with each NEW application only. Documentation shall include:

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

INTERNAL USE ONLY				Calculated Income: _____		
Date Received	Acct Type	App Reviewed	%	<input type="checkbox"/> Change	<input type="checkbox"/> New	Excel & Eden
				<input type="checkbox"/> No Change	<input type="checkbox"/> Renewal	

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Include total gross income from January 1 to December 31 of last year for all persons living in your household.

GROSS INCOME VERIFICATION	
INCOME SOURCE	INCOME FOR HOUSEHOLD*
Wages, Salaries, tips, etc.	\$
Social Security or Railroad Retirement	\$
Interest (all sources)	\$
Dividends (Ordinary Dividends- Line 9a)	\$
Gross Business income (Exclude losses and expenses)	\$
Capital Gain (Exclude losses)	\$
Other gains	\$
IRA Distributions	\$
Pensions and annuities	\$
Rental Income (Exclude depreciation and expenses)	\$
Real Estate Income (Exclude depreciation and expenses)	\$
Royalties	\$
Farm Income	\$
Unemployment	\$
Alimony\Child Support	\$
VA Benefits	\$
Military pay and benefits	\$
All Other Income	\$
TOTAL ANNUAL INCOME	\$

*Include "gross income", as defined by 26 USC 61, for all household members.

Certification

By signing this form I confirm that I:

- Have provided all documentation to verify household income and will provide additional documentation upon request.
- Declare under penalty of perjury that the information in this application is true and complete.
- Understand it is my responsibility to notify the City if I move, sell or transfer interest in my property, no longer receive disability payments, or income no longer qualifies.
- If I receive reduced rates without meeting the qualification guidelines, I will be required to pay back the discount received.

Signature of Applicant _____ Date _____