



City of North Bend
Low Income Senior & Low Income Disabled
Utility Discount Application

Eligibility: The City of North Bend provides for a low income senior & low income disabled rate for water, sewer, stormwater and solid waste services per North Bend Municipal Code (NBMC) 13.40.190 (Low Income Senior Citizen), 13.40.192 (Low Income Citizen), and 8.12.010 (Solid Waste). The following low income guidelines means that the person has a combined disposable income in an amount that would qualify the person for property tax exemption under RCW 84.36.381(5)(b). "Combined disposable income" shall be defined as stated in RCW 84.36.383.

Whereas, the following criteria for age and income, or disability and income status have been established:

Head of Household

_____ **65 or older**
 _____ **Disabled, status certified by _____.**

Age	Department of Revenue Income Threshold Level 2
65+	\$49,435 or less
18+	\$49,435 or less and receive permanent Social Security Disability Payments

DISCOUNT REQUEST PROCEDURE: In order to verify eligibility, you **must** provide the following documentation:

- A copy of your most recent Federal income tax return, Social Security Administration form SSA 1099 or a copy of your property tax exemption.
- A list of names of all occupants residing in the household, including any boarders. (use space provided below)
- Evidence or documentation confirming residency in the City of North Bend, age and/or disability.
- List of individuals in household with income* from any source including amount and tax return.
- Complete the information below, sign the form and return it and the required documentation to City of North Bend, P.O. Box 896, North Bend WA, 98045. For questions call (425) 888-7633.

*Note: The income of a boarder for a fixed rental for fair market value does not constitute income for the household. However, income derived from rent from the boarder shall be included in the applicant's income.

APPLICANT INFORMATION check one: **OWNER** _____ **annual renewal** **RENTER** _____ **annual renewal (see page 2)**

NAME:		PHONE:	
STREET ADDRESS:		APARTMENT #:	
ZIP CODE:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
HOUSEHOLD RESIDENTS:			
1)			3)
2)			4)

Now, therefore I, _____ certify under penalty of perjury that the information provided is true and correct to the best of my knowledge and that if I fail, whether intentionally or inadvertently, to report a change in any of the above conditions that would disqualify me for the discount/benefit, or fail to meet any of the above requirements, I agree to repay the amount of the discount/benefit. I also agree to pay a penalty of 20 percent of the amount owing or a \$25.00 fine, whichever is greater, following a failure to comply with any requirement of the provisions governing the utility discount program.

Applicant Signature: _____ Date: _____

QUALIFYING RENTERS INFORMATION & OWNER'S CERTIFICATION FORM

A non-resident property owner may also obtain the reduction if the premises are rented to a qualified low-income senior citizen or low-income disabled citizen and the owner certifies the savings are passed to the qualifying renter.

The discounted rate shall take effect on the first billing cycle following the submittal of the applicant's application pursuant to North Bend Municipal Code.

Change in Renters Income. If the renter's income, or the income of a renter's household member, exceeds the posted income schedule at any time during the effective dates of the filed income schedule, the renter shall no longer qualify and may be subject to the penalties set forth on page 1 of the Utility Discount Application.

If the utility account is under a condo association—the association must certify that the full benefit of any rate reduction shall be received by the qualifying individual.

The Renter/Applicant shall reapply for the utility reduction every twelve months.

The reapplication shall include the following:

- A City of North Bend, Low Income Senior & Low Income Disabled Utility Discount Application form.
- Income eligibility verification.
- Owner's CERTIFICATION verifying that the renter still lives on the premises and certifying that the savings are passed to the qualifying renter.

OWNER'S CERTIFICATION:		
NAME:	PHONE:	
EMAIL:		
STREET ADDRESS:	APARTMENT #:	
ZIP CODE:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

I, THE UNDERSIGNED AS OWNER OF THE APPLICANT/RENTAL PREMISES DO CERTIFY UNDER PENALTY OF PERJURY THAT THE RENTER NAMED ON THIS APPLICATION IS RESPONSIBLE FOR THE PAYMENT OF UTILITIES AND THE DISCOUNTED UTILITY RATE WILL BE PASSED ON TO THEM. I FURTHER UNDERSTAND I HAVE A DUTY TO IMMEDIATELY NOTIFY THE CITY IF THE ELIGIBLE TENANT MOVES AND THAT THE APPLICANT/RENTER IS REQUIRED TO REAPPLY EVERY TWELVE MONTHS OR THE UTILITY RATE WILL REVERT TO THE STANDARD BILLING RATE WITH NO FURTHER NOTICE FROM THE CITY.

Owner Signature: _____ Date: _____