



## **Requirements For Disabled Citizen Utility Discount**

A. Have a combined annual household income of \$21,000 or less.

B. Verification of disability must be provided to the City.

### **Verification of Disability:**

Customers who receive Supplemental Security Income (SSI) from the U.S. Department of Health and Human Services due to a disability may call 1-800-772-1213 and request a copy of their eligibility verification. The verification will be sent directly to the customer, and a copy must be attached to the customer's Application for Disabled Citizen Utility Discount.

Customers who qualify for special parking privileges may provide the City with their parking permit number, plate number, or decal number. This information will then be verified by the City through the Disabled Parking Office in Olympia.

C. Must be Head of Household.

D. Must be a resident of the City of Port Angeles and receive City utility service.

E. Applicants must apply for all City, State and Federal energy-related programs for which they are eligible.

F. Must not live in subsidized housing that includes a utility subsidy.

G. Must verify income. Please attach copies.

H. Agree to renew application yearly.

## **Instructions for Completing the Application Form**

1. Please PRINT all information, except your signature.
2. **Complete the Income Worksheet.**  
In computing your income for the year, take your GROSS MONTHLY HOUSEHOLD INCOME and multiply by 12. Income includes wages, salaries, commissions, business income, dividends from stocks, net rental income from real estate, gifts of \$10,000 or more, disability payments, retirement pay or pension income, Social Security, and annuities and interest income, less prescription drugs and/or the cost of treatment or care of any household member receiving temporary in home or in a nursing home care. Do not include return of capital on investments or reimbursement for losses. If your income status has changed greatly since last year, compute your income on the present year.
3. It is important that you read the affidavit on page two of the application carefully before you sign the application.
4. Return the completed **income worksheet and application** as soon as possible to City Hall. If you have any problem completing the application, you may call Customer Services, 360-457-0411, for assistance.
5. **The Application Form and Income Worksheets can be filled out two ways. Print out the forms and fill out by hand, or by typewriter. Sign and return to City Hall.**

### ***Please Note:***

*You are **Required** to notify the City in writing if there are any changes in your income or family size during the year while you are receiving the Disabled Citizen Utility Discount. You **cannot** receive the Disabled Citizen Utility Discount at more than one address. If you move to another address in the City, please let us know so your credit can be transferred to that account.*



## Disabled Citizen Utility Discount Application

1. \_\_\_\_\_  
Applicant's Last Name, First, Middle

2. \_\_\_\_\_  
Spouses' Last Name, First, Middle

3. \_\_\_\_\_  
Residence Address Apt. #

4. \_\_\_\_\_  
Mail Address (Only if different from your residence address)

5. \_\_\_\_\_  
Phone Number / Length of time lived in City

6. Month/ Day/ Year/ \_\_\_\_\_  
Applicant's Birthday Applicant's Social Security Number

7. Month/ Day/ Year/ \_\_\_\_\_  
Spouse's Birthday Spouse's Social Security Number

8. Check One:

I/we are the home, apartment or mobile home **OWNER**  **RENTER**   
*Type of dwelling:* **Home**  **Apartment**  **Mobile Home**

If a Renter:

Is your utility bill included in your rent? Yes  No

Is your landlord a relative? Yes

No

9. GROSS HOUSEHOLD INCOME

What was your **2009 Gross Household Income?** \$ \_\_\_\_\_

What is your **expected 2010 gross household income?** \$ \_\_\_\_\_  
(See Total Gross income on work sheet)

10. How many members are in your household, including yourself? (Actually living in your home.)

Circle one:                      1                      2                      3 or more

**If 3 or more, list names and ages of other members of your household below.**

---

---

---

**NOTE:**

***All members of the household MUST BE LISTED ALONG WITH THEIR AGE AND RELATIONSHIP. Any income they have MUST BE included in the gross household figure used to compute your Disabled Citizen Utility Discount.***

11. Do you live at this address all year?                      Yes                       No

12. Do you agree to participate in the City's no-cost conservation program?  
Yes  No

13. Is the dwelling electrically heated?    Yes  No

**Important: Read before signing:**

***Affidavit:*** I swear under penalties of either civil or criminal perjury that I have read the instruction sheet and that all of the statements, as marked, are true. Falsification of any information on this application will result in loss of eligibility for further program assistance and repayment of all funds received as a result of providing false information.

The date you write here must be the same date you mail or deliver this application to the City.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

---

Applicant's Signature (Do Not Print)

---

Spouse's Signature (Do Not Print)

Name, address, and phone number of close relative or friend:

---

---

# DISABLED CITIZEN UTILITY DISCOUNT



## INCOME WORKSHEET January 1, 2010 to December 31, 2010

### MUST PROVIDE PROOF OF INCOME

Yearly Salary and Wages \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Welfare Benefits \$ \_\_\_\_\_

Industrial Injury Benefits \$ \_\_\_\_\_

Social Security Benefits \$ \_\_\_\_\_

Interest (all sources) \$ \_\_\_\_\_

Dividends \$ \_\_\_\_\_

Pensions and Annuities \$ \_\_\_\_\_

Retirement Benefits \$ \_\_\_\_\_

Less prescription drugs and/or temporary in home or nursing home care. **Must Provide Documentation** (\$ \_\_\_\_\_)

**\*TOTAL ANNUAL HOUSEHOLD INCOME** \$ \_\_\_\_\_

**\*Total Annual Household Income includes income of applicant and spouse or co-tenant living in the household.**

FOR OFFICE USE ONLY		
Acct #:	Percentage:	Budget Amt.: