CITY OF ZILLAH
LOW-INCOME ELDERLY and LOW-INCOME DISABLED APPLICATION FOR UTILITY RATE REDUCTION

NAME: _____ Account No: _____
(Last) (First) (Middle)

AFFIDAVIT AND CLAIM

I, _____, being first duly sworn on oath depose and say: That by my signature below, I hereby make the following claim for low-income elderly and low-income disabled utility rate discount in the City of Zillah, Washington, pursuant to City of Zillah Ordinance No. 1247 and all statements contained herein are true and correct to the best of my knowledge and belief:

A. Address: _____ Phone Number: _____.

The utility account is in my name.

B. ☐ I am 65 years of age or older

C. Marital Status/Family Size: ☐ Single ☐ Married

Not counting yourself or spouse (if married): No. Dependents Driving Age _____

No. Dependents Non-Driving Age _____

D. Family income from all sources*: $_____ **(Attach 2011 proof of income which would come from W-2's, SSI or SSA Statements and Bank Statements)**

Proof of age and all income must be provided. Copies of your documentation can be made for you when you submit your application. If approved, your discount will begin with the billing mailed to you in the following month.

APPLICANT'S SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

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***2012 HHS Poverty Guidelines**

Size of Family Unit	48 Contiguous States and D.C.
1	$13,962.50
2	18,912.50
3	23,862.50
4	28,812.50
5	33,762.50
6	38,712.50
7	43,662.50
8	48,612.50
For each additional person, add	4,950.00

*Maximum income of a family unit from all sources for the preceding calendar year shall be determined by using 125% of the U. S. Department of Health and Human Services Poverty Guideline by size of family unit. Family-unit income for the preceding calendar year shall include earned income as well as retirement income, social security benefits, disability benefits, unemployment income, investment income, interest income, capital gains and net rental income from real estate. Assets shall not exceed 100% of the ***U. S. Department of Health and Human Services Poverty Guideline**** by size of family unit, exclusive of one vehicle per person of driving age and the residence for which application for utility rate reduction under this chapter is made.

☐ Age Verified
☐ Income Verified

By: _____
CITY EMPLOYEE TITLE

Date: _____

☐ QUALIFY ☐ DID NOT QUALIFY