



2022 APPLICATION FOR LOW-INCOME SENIOR/DISABLED CITIZEN SPECIAL UTILITY RATE

Applicant Name: Last First Middle Initial Utility Account No.:

The undersigned hereby makes the following application for LOW-INCOME SENIOR/DISABLED CITIZEN SPECIAL UTILITY RATE of the City of Sunnyside and states under penalty of perjury of the laws of the State of Washington that all statements contained herein are true to the best of my knowledge and belief.

My address is, and my telephone number is.

- A. I am, or exceed, 62 years of age; or (Provide proof of age)
B. I am a disabled citizen (see definition on back page); and (Provide proof of disability)
C. I own rent my place of residence (indicate correct status). If owned, the utility account is in my name. (NOTE: If the Applicant is leasing the residence or the account is not in the Applicant's name, the Owner of the residence must sign the Attestation of Owner below.) If rented, my lease or tenancy shall expire on (date). I promise to advise the City if I vacate said premises on an earlier date. If the tenancy is on a month-to-month basis, I promise to advise the City when I vacate said premises; and
D. I am a single occupant or the head of household or the spouse of head of household and I do not reside in federally subsidized housing; and
E. Low-income Status: My combined household income from all sources based on family size (please see chart on back page) does not exceed \$ which is 125% of the federally established poverty level for Yakima County or I qualify for, and have received, the exemption from regular real estate property taxes as set forth in RCW 84.36.381(b). Applicant initial here: (Attach copy of federal income tax return and/or other proof of income or property tax statement)

Signature of Applicant Printed Name Date

ATTESTATION OF OWNER

The undersigned states under penalty of perjury of the laws of the State of Washington that: I am the Owner of the residence occupied by the above-named Applicant; that I acknowledge, agree and understand that I am responsible for payment of the utility billings of the City of Sunnyside pertaining to such residence; and that I will notify the Utility Billing Division of the City of Sunnyside in person or by phone at (509) 837-3782 within five (5) days after the Applicant has moved from such residence. In the event I do not so notify the City, I am responsible for payment of the full unpaid non-discounted utility bills accrued from the time the Applicant moved from the residence.

Signature of Owner Printed Name Date

FOR CITY USE ONLY

Finance Department Review Date Approved Denied
Utility Account Updated By Date

Information and Instructions

FILING PERIOD: The application for special rate must be filed annually with the City of Sunnyside Finance Department prior to April 30th of each year, and shall be valid until March 31st of the following year. Any filing of a valid certificate after April 30th of any year shall apply only to any utility statements mailed after the date of filing, and shall not be retroactive to April 30th of the year of filing.

SENIOR CITIZEN: A person who wishes to apply for Low-income Senior Citizen Special Utility Rate must be 62 years of age or older on or before January 31st of the year of filing. **Proof of age must be presented at the time of application.**

DISABLED CITIZEN: A person who wishes to apply for Low-income Disabled Citizen Special Utility Rate must qualify for and be entitled to special parking privileges established pursuant to RCW 46.19.010(1)(a) through (j), or be blind as defined in RCW 74.18.020(4), or a person who qualifies for supplemental Social Security benefits due to a disability, or developmentally disabled as defined in RCW 71A.010.020(2), or a mentally ill person as defined in RCW 70.05.020(1). **Proof of such disability must be presented at the time of application.**

ELIGIBLE HOUSING: At the time of application, the person making the application must reside on the property being served; and if the property is owned by the applicant, the utility account must be in the applicant's name; and if the property is being rented, the applicant must keep the City advised as to the term of the tenancy and have the property owner complete the "Attestation of Owner" section. The applicant must also be a single occupant or head of household or spouse of head of household. Persons in federally subsidized housing are not eligible for the Low-income Senior Citizen Special Utility Rate.

LOW-INCOME STATUS: The income for a household, combined with the income, if any, from all sources, shall be less than 125% of the federally established poverty level for Yakima County based on family size for the preceding calendar year. (See chart below). Income from all sources whatsoever includes all income of the applicant, if single; and all income of the applicant and other persons residing in the household, for a household of two or more. It includes railroad retirement and Social Security benefits. Further, it includes, but is not limited to, items such as investment income in the form of dividends from stock, interest on savings accounts and bonds, capital gains, gifts and inheritances, net rental income from real estate, disability payments, retirement pay, and annuities. Reimbursement for losses is not to be considered as income. **Proof of income must be presented at the time of application.** A federal income tax return(s) from household residents shall be satisfactory proof of income for the Low-income Disabled Citizen Special Utility Rate provided that all sources of income are reported.

Family Size:	125% poverty level	Family Size:	125% poverty level
1	\$16,988	5	\$40,588
2	\$22,888	6	\$46,488
3	\$28,788	7	\$52,388
4	\$34,688	8	\$58,288

For family units with more than 8 members, add \$5,900 for each additional person.

OR: Applicant must qualify for and be entitled to the exemption from regular real property taxes as set forth in RCW 84.36.381(5)(b). **Proof of such exemption must be presented at the time of application.** Appropriate tax statements issued by Yakima County establishing such exemption shall be satisfactory proof of eligibility for the Low-income Senior Citizen Special Utility Rate.

SIGNATURE: The application must be signed by the person entitled to the special rate, or by his or her attorney-in-fact.