INSTRUCTIONS FOR FILLING OUT YOUR UTILITIES DISCOUNT APPLICATION



The City of Auburn offers reduced utility rates to seniors 62 years of age or older and customers who are <u>permanently</u> disabled as verified by a physician and whose annual gross income level does not exceed the amounts listed on the Utility Discount Application. You can also use this form to apply for a discount on Comcast basic cable TV service. To apply, please follow the instructions below and submit all required documents. **Utility Discount customers are required to re-apply the following year in May.**

Apply for Utility Discount as a Senior:

- Applicant must have the City utility account in their name and be living at the residence.
- Applicant must be 62 years of age or older

Apply for Utility Discount as Permanently Disabled:

- Applicant must have the City utility account in their name and be living at the residence.
- Applicant must be permanently disabled as determined by a physician, subject to verification.
 <u>First time applicants</u> must submit the Affidavit for Claim of Disability form.
 Doctor must complete the form and provide a signature and office stamp on form OR
 Submit a letter on doctor's letterhead confirming disability with the form.

Step #1 Complete 2024 Application for Utility Discount form:

Provide all information and sign application.

Step #2 Submit Proof of Identity:

Copy of <u>valid</u> Washington State Driver's license, Passport, Permanent Resident Card or State Identification Card, <u>showing picture</u>, <u>address</u>, <u>and date of birth</u>.

Step #3 Submit Proof of 2023 Income* for EACH individual living in household (Any person 18 years and older – For example: children, relatives, friends, caregiver, etc.): Submit 2023 Tax Return – All pages of tax return are required along with copies of income sources (see examples below):

- Wages (W-2)
- SSA or SSI Benefits letter
- DSHS Benefits letter (submit all pages)
- Retirement or Pension
- IRA or Annuity Distributions
- Interest or Dividend (Schedule B)
- Business, Rental, Capital Gains

- Trust, Partnership, Estate or Royalty
- Unemployment
- Child Support or Alimony
- VA Benefit or Disability
- L & I Payment Statement
- Cashed Bonds, Life Insurance
- Any other sources(s) of income

*Include all your sources of income even though not all income may be used to calculate household gross income.

Step #4 Submit your application:

Mail to: City of Auburn – Utility Billing Fax: 253-876-1900

25 W Main Street In-Person: Customer Service Center Auburn WA 98001 1 E Main Street, 2nd Floor

Email: utilities@auburnwa.gov

CITY OF AUBURN | 25 W MAIN ST, AUBURN, WA 98001 | P 253-931-3038 | F 253-876-1900

2024 APPLICATION FOR UTILITY <u>DISCOUNT</u> RATE EXEMPTIONS – ORDINANCE NO. 5361



| Name on Account | | Utili | Utility Account No. Phone Number Zip Code | | | | |
|---|--|-----------------------------------|---|---|----------------|-------------------------|--------|
| Applicant Name | | Pho | | | | | |
| Address | | Zip | | | | | |
| Driver's License or I | n) Email | | | | | | |
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| | Name | | Date of | T BIRTN | Kela | tionship to You | |
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| (HUD Section 8, k | _ | | sire substates | mom anoth | iei governine | antar agency | |
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| | _ | not exceed the follow | | | | | |
| Gross Income Lin | | | · · | | | sehold Gross Income: | |
| <u>1 Person</u> | 2 Persons | 3 Persons | 4 Persons | 5 Perso | ns \$ | | |
| \$47,950 | \$54,800 | \$61,650 | \$68,500 | \$74,000 |) | | |
| All income docum | nents must be su | ubmitted with applic | cation. See Ins | structions f | or Filling Out | Application. | |
| . As part of its cabl | e franchise, the | City of Auburn neg | otiated a disc | ount on Co | mcast Basic | Cable TV service (only) | for |
| eligible subscribe | rs. I understand | l that I will not be el | igible for the | discount if | I am receivir | ng any promotional offe | r or |
| my services are in | ncorporated into | o a value package of | ffer, (Example | e: Cable TV | , internet an | d/or phone services | |
| combined). | · | , , | | | | , | |
| | e account #: | | (S | ubmit copy | of Comcast | bill with application). | |
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