



APPLICATION FOR LIFELINE RATE FOR UTILITY SERVICES

April 2019

The City of Olympia offers a *Lifeline Rate* on utility services for customers who qualify as:

- Low income **AND** disabled,
OR
- Low income **AND** over age 62.

This rate applies to residential customers only. Lifeline rates are 50% of the standard utility rate for water, sewer, storm water and solid waste. Once a customer qualifies for this program, the Lifeline Rate becomes effective on the next billing cycle and must be renewed every year in order to maintain qualification.

The combined annual household income must be less than the amounts listed below*:

Number in Household	Combined Gross Household Income**
1	\$27,200
2	\$31,100
3	\$35,000
4	\$38,850

*The income amounts for eligibility are reviewed and updated annually.

**For households with more than four family members, please call for income limits.

Along with the completed application, please include the following items:

❖ **Proof of income for all members of household:**

- A copy of your tax return for the preceding calendar year or yearly social security statement. (if you are not required to file and this was the only income). *Bank statements are not an acceptable proof of income.*
- **IF YOU DID NOT FILE A TAX RETURN, PLEASE EXPLAIN THE REASON:**

❖ **Proof of identification and age** (provide a copy of your drivers license or state issued ID).

❖ **Proof of disability in the form of:**

- A copy of your Social Security disability statement or,
- A copy of parking placard ID card issued by the Washington State Department of Licensing for certain debilitating conditions. (Note: Not all conditions are covered in this requirement).

If using a parking placard ID card, please initial the following stating that the parking placard ID card was issued for **one** of the reasons listed. (As stated by RCW 46.19.010)

- Has such a severe disability, that the person cannot walk without the use of or assistance from a brace, cane, or other person, prosthetic device, wheelchair, or other assistive device;
- Uses portable oxygen;
- Is restricted by lung disease to such an extent that forced expiratory respiratory volume, when measured by spirometry, is less than one liter per second or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
- Has limited mobility and has no vision or whose vision with corrective lenses is so limited that the person requires alternative methods or skills to do efficiently those things that are ordinarily done with sight by persons with normal vision;
- Has an eye condition of a progressive nature that may lead to blindness;
- Impairment by cardiovascular disease or cardiac condition to the extent that the person's functional limitations are classified as class III or IV under standards accepted by the American Heart Association.

Initial here: _____



DECLARATION OF TOTAL GROSS ANNUAL HOUSEHOLD INCOME

- ❖ Social Security for all members of household \$ _____
- ❖ Federal Civil Service, Railroad or Military Retirement \$ _____
- ❖ Veterans benefits \$ _____
- ❖ Other retirements, pensions and/or annuities \$ _____
- ❖ Wages, salaries, tips and consulting fees \$ _____
- ❖ Unemployment and public assistance \$ _____
- ❖ Other interest received \$ _____
- ❖ Gross income from trusts, royalties, estates and dividends \$ _____
- ❖ Gross income from rentals, farm, partnerships and businesses \$ _____
- ❖ Capital gains (less sale of residence for reinvestment in new residence) \$ _____
- ❖ All other income _____ \$ _____
(List source)
- ❖ Less amount paid directly to nursing home for care of spouse or amount paid for in-home care - \$ _____
- TOTAL COMBINED YEARLY INCOME FOR ALL HOUSEHOLD MEMBERS \$ _____**

Please remember to include proof for all the income listed above. Failure to provide will cause a delay and or possible denial of your application.

I (we) declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct. Verification of any of the information contained in this application may be obtained from any source named herein.

Signature: _____ Date: _____

Signature: _____ Date: _____

Mail the completed application and all required materials to:

**City of Olympia, Utility Billing
PO Box 1967
Olympia, WA 98507-1967**