## **Application for Reduced Charges**

To qualify for a reduction in rates for city water, sewer and garbage, complete this application in full and return to the utility department. **This application must be completed at least once per year (or each time your income changes) to verify continued eligibility**. The utility department will determine if you are eligible for a rate reduction, based on the income limits established by the Department of Housing and Urban Development for Grant County. The reduced rate(s) will be effective on the first day of the next full billing period. Copies of related ordinances are available at the office of the City Clerk for you to read.

## Please complete in full or application may be denied.

## I MAKE THE STATEMENTS BELOW UNDER PENALTY OF PERJURY:

- 1. I am at least 65 years of age and/or I am permanently and totally disabled by a condition permanently incapacitating me from performing work at any gainful occupation. (attach Social Security determination letter if applicable)
- 2. I am the head of the household claiming exemption.

Income Verified by: \_\_\_\_\_

3.	For the previous calendar year, I/we had a total income from all sources of: \$	
4.	I am applying on behalf of a single-family residence.	
5.	The number of people residing in my home is:	
6.	My date of birth is	
Da	ted at Grand Coulee, Washington, this day of,,	
	Applicant's Signature	_
	Account # Street Address	
	Mailing Address	-

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Eligible: \_\_\_\_\_ Next Review Date: \_\_\_\_\_