

CITY OF SHELTON
APPLICATION FOR UTILITIES DISCOUNT FOR LOW INCOME DISABLED CITIZENS

(Take Completed form to CAC at 807 W. Railroad Ave.)

In order to be considered for the Low Income Disabled Citizen Discount for City utilities, you **must** answer **all** of the following:

- | | Yes | No |
|---|-------|-------|
| 1. I am the owner and occupant at the service address and receive a utility bill from the City in my name. | _____ | _____ |
| 2. I live in a house or an apartment, which is part of a federally subsidized housing program where rent/utilities are supported by the government. | _____ | _____ |
| 3. I reside at the address where City utilities are provided on a permanent basis, as opposed to a seasonal, part-time or vacation basis (To qualify as a permanent resident, you must reside at the service address for a minimum of 180 days per year and receive mail locally all year). | _____ | _____ |
| 4. My total household income does not exceed \$30,000.00 annually (from all sources to all people living at my resident). | _____ | _____ |
| 5. I meet at least one of the following: | | |
| D. I have a special parking permit (card, decal or special license plate) for the disabled as set forth in RCW 46.16.381(1), (a) through (f). | _____ | _____ |
| E. I meet the definition of the blind as set forth in RCW 74.18.020. | _____ | _____ |
| F. I meet the eligibility standards in RCW 70.164.020(4). SSI and SSD have been approved | _____ | _____ |

In signing below, I hereby certify under the penalties of either civil or criminal perjury that I have read, understand, and marked the above criteria in a true and correct manner. I further understand that, if at any future date I no longer meet the criteria, it is my obligation to advise the City. Failure to do so may result in back billing to the date of ineligibility by the City. I consent and agree that the City of Shelton and the Community Action Council may verify and confirm the above information, if deemed necessary. The Social Security Administration and the Internal Revenue Service are authorized to release income and retirement information as necessary for the City of Shelton and the Community Action Council to determine my eligibility for a Low Income Disabled Citizen Discount for City utilities.

Name (print)	WA D.L. or I.D. #		
Address	Phone #	Age	Birth Date Social Security #
City, State, Zip Code		Utility Account #	

Signature _____	Date _____
COMMUNITY ACTION USE ONLY	
Identification & income confirmed by _____	Date _____

CITY USE ONLY

Received & Posted By _____ Date _____

HOW TO APPLY FOR CITY OF SHELTON DISABILITY DISCOUNT

1. Please call **Community Action Council** at **428-8728** for an appointment or any questions you have concerning the discount. The appointment takes about one hour. You may have to re-qualify on a yearly basis.
2. If you live in a house or apartment which is part of a federally, subsidized housing program, where rents and utilities are supported by the government, **YOU DO NOT QUALIFY FOR THIS DISCOUNT.**
3. Please bring with you to the appointment:
 - A. A City of Shelton utility bill in the disabled adult's name. It cannot be in a disabled child's name. It may be in the Landlord's name per City Ordinance.
 - B. A drivers license or other proof of identity.
 - C. Proof of all income, for all household members 18 years or older, for the previous 12 months:

Income includes but is not limited to the following: Employment, Unemployment, AFDC, GAU or GAX, Social Security, Supplemental Security Income (SSI), VA benefits, Child Support or L & I.
 - D. Meet the eligibility standards authorized in RCW 70.164.020 (4).
The actual state or federal programs, which will determine approval has been granted to those customers receiving Supplemental Security Income (SSI) or Social Security Disability and meeting all other eligibility criteria of this discount.

**YOU MUST BRING ALL REQUIRED DOCUMENTS TO YOU APPOINTMENT
OR YOU WILL BE RESCHEDULED.**

APPOINTMENT:

DAY: _____ DATE: _____ TIME: _____