



Application for Reduction in Utility Rates

Mail Application to: Finance Customer Service • 220 4th Ave S Kent, WA 98032

or Email: CustomerService@KentWA.gov Ph: 253-856-5201 Fax: 253-856-6200

To qualify, you must be:

- 62 years of age **OR** older **OR** permanently and totally disabled **OR** caring for a permanently disabled child **AND**
- The owner or tenant receiving direct billing and living at the address **AND**
- Total household income is less than Federal HUD guidelines. For current rate information, Visit KentWA.gov/UtilityRates

Date: _____

Name **(must match name on utility account)**: _____

Service Address: _____

City of Kent Utility Account No (if applicable): _____

I am applying for:	Applicant is:	I reside at this address as:
<input type="checkbox"/> Reduced rates for Republic Services <input type="checkbox"/> Reduced Rates for my City of Kent utility bill	<input type="checkbox"/> Age 62 or older and/or <input type="checkbox"/> Permanently disabled <input type="checkbox"/> Parent/guardian of permanently disabled child	<input type="checkbox"/> The owner of the property <input type="checkbox"/> The current tenant of the property

Yearly Household Income – From ALL sources					
All Household Members <i>(List additional residents and their income on a separate sheet)</i>	Age	Social Security Benefits	Pension/Annuities	Other Income	Totals
Applicant 1:		\$	\$	\$	\$
Resident 2:		\$	\$	\$	\$
Resident 3:		\$	\$	\$	\$
Total:					\$

Required Proof of Eligibility and Residency				
1. Qualified by Age OR Permanently Disabled	<input type="checkbox"/> Current Washington State driver's license or photo ID card	<input type="checkbox"/> Copy of passport		
	<input type="checkbox"/> Social Security award letter	<input type="checkbox"/> Other state or Federal program approved letter		
2. Residency	<input type="checkbox"/> Other utility bill in applicant's name matching service address			
3. Income Documents <i>(subject to additional documentations)</i>	<input type="checkbox"/> Completed and signed current tax return showing ALL schedules (form 1040)	<input type="checkbox"/> Social Security year end statement (form SSA-1099)	<input type="checkbox"/> Retirement, pension, annuity income (form 1040, line 5a/5b) – attach forms 1099	<input type="checkbox"/> Money received from family members – attach letter or statement from family member(s)

**Documents must be included for all three sections. Documents may not be expired.
Failure to attach income documents will result in denial of your application.**



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To qualify for the Lifeline rate reduction, persons eligible under this section must submit an application with the Customer Service division of the City's Finance department. Applications may be made on behalf of a senior citizen by a family member or an authorized representative, and applications based on a permanent and total disability may be made on behalf of a child by a parent, legal guardian, or other legal authorized representative.

Determination of eligibility shall be made by the City's Customer Service manager, or their designee, based upon the information given in the eligible customer's application.

The Lifeline rate reduction shall be calculated as a percentage reduction from the single-family residential rates for water, city sewer, and storm drainage. The Lifeline rate reductions are as follows:

Water	City Sewer	Storm Drainage	Republic Service
60%	60%	90%	50%

Affidavit

I declare under penalty of perjury that the information on this application is true and complete.

I have read & understood all of the Utility Rate Reduction Program Guidelines provided with this application.

I understand that renewal of application may be required on a yearly basis.

I understand that if I receive utility relief and do not disclose all sources of gross income for household members for previous calendar year, the City may recover the actual cost of my utility bills for the period that I was not eligible.

Signature _____ Relation to Applicant _____

Print Name _____ Phone Number _____

Email Address _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Approved By: _____ Date: _____

Received By: _____ Denied By: _____ Date: _____

Income Total: _____ Number in Household: _____ Sent to Disposal Co