



# LOW-INCOME SENIOR OR DISABLED UTILITY DISCOUNT INSTRUCTIONS

Questions? Call us at (425) 556-2152 or e-mail [utilitybilling@redmond.gov](mailto:utilitybilling@redmond.gov)

## PROGRAM OVERVIEW:

If you are a low-income senior or low-income disabled resident you may be eligible for the City of Redmond's utility discount program. If approved, you will receive a 50% discount on your utility bill. To qualify for the program, you must meet the following requirements:

- Have a City of Redmond utility account established in your name;
- Live at the address receiving Redmond utility services as your primary residence;
- Be 62 years of age or older OR totally and permanently disabled;
- Meet the total household income guidelines below:

2018 HOUSEHOLD INCOME REQUIREMENTS	
Household Size	Total Household Income
1	\$37,450
2	\$42,800
3	\$48,150
4	\$53,500
5	\$57,800

\*Applicant must claim income for EACH individual living in the household 18 years and older.

## HOW TO APPLY:

If you meet the above requirements, please fill out and return the enclosed Utility Discount Application along with copies of the following for EACH individual living in the household:

- Proof of Age (photo ID)    OR     Proof of Disability (award letter)
- Current Tax Return with all attachments/schedules

\*All pages are required with the backup documents. Include all source(s) of income.

If approved, the utility discount will not be applied retroactively. The discount will be effective only after a completed application is submitted and approved. The application is non-transferrable.

Return the application and required documentation to the City of Redmond:

*By Mail:*  
 CITY OF REDMOND  
 UTILITY BILLING, 3NFN  
 PO BOX 97010  
 REDMOND, WA 98073-9710

*Drop off in-person:*  
 REDMOND CITY HALL  
 15670 NE 85<sup>TH</sup> ST  
 REDMOND, WA 98052

*The utility discount is renewable every two (2) years, or if occupancy changes, or as requested by City of Redmond staff.*



# LOW-INCOME SENIOR OR DISABLED UTILITY DISCOUNT APPLICATION

Questions? Call us at (425) 556-2152 or e-mail utilitybilling@redmond.gov

Return this completed application along with all required documentation to:  
CITY OF REDMOND • UTILITY BILLING, 3NFN • PO BOX 97010 • REDMOND, WA 98073-9710

Account No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

To qualify for the discount, the applicant must be either at least 62 years of age or totally and permanently disabled. Please check the following that applies to you:

Age 62 or older OR  Totally and permanently disabled

List all other occupants living in the household:

Name	Birthdate	Relationship to Applicant
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

For additional occupants, attach a separate sheet that lists the name, birthdate and relationship.

Proof of Age OR Disability:

Please check one of the following and enclose a copy with your application.

*Proof of Age:*       Driver's License       Passport       Other Photo ID

*Proof of Disability:*       Social Security Award Letter       Other State or Federal Program Approval Letter

Proof of Income:

Please fill out the gross annual household income worksheet on page 2 and enclose copies of income documentation for ALL household occupants with your application.

Current Tax Return with all attachments/schedules

\*All pages of your return are required with all supporting documents eg: W2(s), 1099(s), etc.

Utility Discount application continued on next page

Gross Annual Household Income Worksheet: Fill in the annual dollar amount where applicable; copies of all sources are required to be submitted with application

Annual Income Source	Applicant	Resident #2	Resident #3	Resident #4
Social Security (SSA, SSI, SSDI, 1099)				
Salary/Wages/Tips (W-2)				
Pension/Veterans' Benefits/Annuities (1099-R)				
Interest/Dividends (1099-INT or 1099-DIV)				
Capital Gains/Losses (1040 + Schedule D)				
Business/Rental Income (1040 + Schedule C)				
IRA Withdrawal (1099-R)				
Other Income (e.g. unemployment, gifts/cash, military pay/benefits,)				
TOTAL ANNUAL INCOME	\$	\$	\$	\$

I, the undersigned, under penalty of perjury of the laws of the State of Washington do hereby declare and certify:

- I read and understand all of the program guidelines provided with this application. All the information provided by me on this application is accurate, complete and true to the best of my knowledge.
- I understand that any attempt to falsify my information will result in my disqualification from the program for this year and may subject me to further civil or criminal penalties.
- I promise that I will promptly notify the City in writing of any change in my financial situation that would disqualify me from receiving the utility discount or if I should move from the above residence.
- I promise that I will promptly repay the City for any undercharges that have been made if it is determined that I am not qualified.
- I agree to provide the City with such additional information about my income and residence as may be requested from time to time in order to establish eligibility.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

INTERNAL USE ONLY:		
_____ Date Received	_____ Approved By	_____ Date Approved