



CITY OF CASHMERE
 101 Woodring Street
 Cashmere, WA 98815
 Phone: 509- 782-3513
 Fax: 509-782-2840
 www.cityofcashmere.org

Low Income Senior/Disabled Utility Rate Discount Application

ACCOUNT HOLDER _____

ADDRESS _____

PHONE _____ ACCOUNT NO. _____

PLEASE LIST ALL PERSONS LIVING IN THE HOUSEHOLD

NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____

MONTHLY INCOME WORKSHEET

- | | |
|--|-----------------|
| 1. Gross Wages/Salaries | \$ _____ |
| 2. Social Security/Social Security Disability Income | \$ _____ |
| 3. Pensions/Annuities/Retirement Benefits | \$ _____ |
| 4. Welfare, unemployment, grants, disability income | \$ _____ |
| 5. Child Support, foster care, alimony, adoption support, separate maintenance payments, tribal per capita | \$ _____ |
| 6. Self-employment/Business income | \$ _____ |
| 7. Rental property, trust, royalties, partnership, estate | \$ _____ |
| 8. Interest and dividend income | \$ _____ |
| 9. Reverse mortgage income | \$ _____ |
| 10. Other income | \$ _____ |
| Total Monthly Gross Income | \$ _____ |

All members of the household are required to complete and sign a 4506-T form and provide supporting income documentation.

I understand the utility rate discount is effective for one year and must be renewed each April to continue to receive the discount. By signing below, I certify all household information provided on this application is true. I will notify the City of Cashmere immediately if my income increases.

 SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

 DATE

2020 income allowed at 40% of the state median income:

1 person household	\$20,337.60	3 person household	\$32,856.00
2 person household	\$26,596.80	4 person household	\$39,115.20

Approved Denied

 CITY APPROVAL SIGNATURE

 DATE

PROOF OF IDENTITY

PLEASE PROVIDE **ONE** OF THE FOLLOWING:

- Valid Driver's license, or
- Valid Passport

PROOF OF AGE (SENIOR CITIZENS ONLY- 65 OR OVER)

PLEASE PROVIDE **ONE** OF THE FOLLOWING:

- Birth Certificate, or
- Driver's license, or
- Picture ID

PROOF OF INCOME

PLEASE PROVIDE **ONE** OF THE FOLLOWING:

- Most recent IRS form 1040 (income tax filing) **for each person living at this address**, or
- IRS Form 4506-T

IF YOU DID NOT FILE INCOME TAX LAST YEAR

PLEASE PROVIDE **BOTH** OF THE FOLLOWING:

- SSI income notice, and
- 3 month's bank statements from **all** banks used

PROOF OF DISABILITY (If applicable)

PLEASE PROVIDE **ONE** OF THE FOLLOWING:

- SSI Disability Income Notice for 2019, or
- Special Parking Privilege ID Card, or
- Other State or Federal disability