



CITY OF TUMWATER Utilities Life-Line Application

The City of Tumwater offers a utility "Life-Line" rate reduction for low income handicapped and low income senior citizens. This rate applies to residential customers only. The "Life-Line" rate becomes effective on the next billing cycle after you have qualified. **SPECIAL RULES APPLY TO TENANTS OF MOBILE HOME PARKS AND OTHER RESIDENCES THAT ARE NOT SEPARATELY METERED FOR WATER. CONTACT UTILITY BILLING AT 360-754-4133 FOR FURTHER DETAILS.**

- A. Every single person sixty-two (62) years of age or older, and every single person substantially and permanently disabled, either as owner, purchaser, or renter, whose **disposable income** is less than twenty-five thousand dollars (\$25,000) shall qualify for a low income senior citizen or low income disabled person rate.
- B. Every married couple sixty-two (62) years of age or older residing in a dwelling either as owners, purchasers, or renters, and both spouses being sixty-two (62) years of age or older, or one person being substantially and permanently disabled while the other spouse is over the age of sixty-two (62), or both spouses are substantially and permanently disabled, whose **combined disposable income** is less than thirty-five thousand (\$35,000) shall qualify for the low income disabled person rate.

To obtain the reduced rates, you must complete the application and attach the following items:

- Proof of income. (A copy of your tax return(s) for the preceding calendar year)
- Proof of age. (A copy of birth certificate(s) or driver's license(s))
- Proof of disability. (Copy of doctor's report(s) indicating about when the disability began and it's duration.)

This rate reduction will be renewed on an annual basis. The income amounts for eligibility will be adjusted annually as changes in state and federal criteria change. To continue with eligibility an application shall be completed every year. The City will not be issuing reminder notices for renewal and will not be responsible for adjusting prior billings if the annual qualification lapses.

Definitions:

- Disposable income means the disposable income of the person claiming the discount who lives alone.
- Combined disposable income means the disposable income of the person claiming the discount, plus the disposable income of his or her spouse occupying the residence for the preceding calendar year, less amounts paid by the person claiming the exemption of his or her spouse during the previous year for the treatment or care of either person received in the home or in a nursing home.



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Account Number: _____

Are you the owner(s) or tenant(s) of the home: Owner(s) Tenant(s)

Qualifying Person's Names. (Please Print)

Person 1: _____

Person 2: _____

Service Address: _____

Mailing Address: _____

Address

City, State, Zip Code

| | Age | Handicapped |
|----------|-----|--|
| Person 1 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Person 2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If handicapped is indicated, you must provide proof of substantial or permanent disability in the form of the doctor's report.

I (We) declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I (We) also understand and agree that the City shall have the right to periodically check for compliance with these conditions.

Signature

Date

Signature

Date



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DISPOSABLE INCOME

IF YOU FILE INTERNAL REVENUE SERVICE TAX FORM 1040:

Disposable income means adjusted gross income (AGI) defined by the Internal Revenue Service PLUS the following to the extent they are not included in or have been deducted from AGI:

- Capital gains, except for the portion of gain that resulted from the sale of your primary residence and was reinvested in a replacement primary residence,
- Amounts deducted for loss,
- Amounts deducted for depreciation,
- Pension and annuity receipts,
- Military pay and benefits other than Attendant-Care and Medical-Aid payments,
- Veterans benefits other than Attendant-Care and Medical-Aid payments, Disability Compensation, or Dependency and Indemnity Compensation
- Federal social security act and railroad retirement benefits,
- Dividend receipts,
- Interest received on state and municipal tax exempt bonds.

IF YOU *DO NOT* FILE INTERNAL REVENUE SERVICE TAX FORM 1040:

Disposable income means ALL income including but not limited to:

- Social security benefits before part b Medicare deduction,
- Federal Civil Service, Railroad, Military, and Private retirement receipts,
- Unemployment receipts (state and federal),
- Disability receipts,
- Welfare receipts,
- Annuity receipts,
- Interest and dividend receipts,
- Wages, consultation fees, speaker fees, etc.,
- Military pay and benefits other than Attendant-Care and Medical-Aid payments,
- Veterans' benefits other than Attendant-Care and Medical-Aid payments, Disability Compensation, or Dependency and Indemnity Compensation,
- Investment income,
- Business income. (Do not deduct depreciation.)
- Capital gains, except the portion of gain that resulted from the sale of your primary residence and was reinvested in a replacement primary residence,
- Rental income. (Do not deduct depreciation.)
- ALL other source of income.



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IF YOU FILE INTERNAL REVENUE SERVICE FORM 1040 DECLARATION OF DISPOSABLE INCOME FORM

Report **gross annual income** for the previous calendar year regardless of source.

| ADJUSTED GROSS INCOME FROM I.R.S. FORM 1040 | \$ |
|--|-----------|
| Additions to Adjusted Gross Income (to the extent they are not included in or have been deducted from your Adjusted Gross Income) | |
| Capital gains, except for the portion of gain that resulted from the sale of your primary residence and was reinvested in a replacement primary residence | |
| Amounts deducted for loss | |
| Amounts deducted for depreciation | |
| Pension and annuity receipts | |
| Military pay and benefits other than Attendant-Care and Medical-Aid payments | |
| Veterans' benefits other than Attendant-Care and Medical-Aid payments, Disability Compensation, or Dependency and Indemnity Compensation | |
| Federal Social Security Act and Railroad Retirement benefits | |
| Dividend receipts | |
| Interest received on state and municipal tax exempt bonds | |
| | |
| | |
| <u>SUBTRACT:</u> Amounts paid by the person claiming the exemption of his or her spouse during the previous year for the treatment or care of either person received in the home or in a nursing home. | |
| | |
| GRAND TOTAL | \$ |



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IF YOU **DO NOT** FILE INTERNAL REVENUE SERVICE FORM 1040

DECLARATION OF DISPOSABLE INCOME FORM

Report **gross annual income** for the previous calendar year regardless of source.

| | |
|--|-----------|
| 100% of Social Security for applicant, spouse and cotenant | \$ |
| Federal Civil Service, Railroad, Military, and Private retirement receipts | |
| Unemployment receipts (state and federal) | |
| Disability receipts | |
| Welfare receipts | |
| Annuity receipts | |
| Interest and dividend receipts | |
| Wages, consultation fees, speaker fees, etc. | |
| Military pay and benefits other than Attendant-Care and Medical-Aid payments | |
| Veterans' benefits other than Attendant-Care and Medical-Aid payments, Disability Compensation, or Dependency and Indemnity Compensation | |
| Investment income | |
| Business income. (Do not deduct depreciation.) | |
| Capital gains, except the portion of gain that resulted from the sale of your primary residence and was reinvested in a replacement primary residence | |
| Rental income. (Do not deduct depreciation.) | |
| ALL other source of income from any sources (itemize below): | |
| | |
| | |
| | |
| SUBTRACT: Amounts paid by the person claiming the exemption of his or her spouse during the previous year for the treatment or care of either person received in the home or in a nursing home. | |
| GRAND TOTAL | \$ |



If you are the tenant(s) of the property, this form must be completed by the owner/landlord of the property and submitted with your application.

LANDLORD AGREEMENT AND STATEMENT

I am the owner of the property at:

_____ Address

_____ City, State, Zip Code

The current tenant(s) of the property are:

_____ Please Print

_____ Please Print

_____ Please Print

The current tenant(s) of my property has applied for a "Life-Line" rate which is a utility rate reduction for low income handicapped or low income senior citizen. If the tenant qualified, I as the owner of the property will receive the discounted rate on the billing that is in my name for the aforementioned property.

I hereby agree that I, the owner, will pass on the effect of the discount to said tenant. I further agree that I will notify the City immediately, (within 48 hours, or the very next working day), of the current tenant vacating the residence and that the City will reinstate the regular billing rate.

I also understand and agree that the City shall have the right to periodically check for compliance with these conditions.

If any of the aforementioned requirements have not been met, I understand that the City has the right to back charge for any discount this account received as a result of inaccurate information.

_____ Owner Name

_____ Address

_____ City, State, Zip Code

_____ Owner Signature

_____ Date