

## LIFE-LINE APPLICATION

The City of Tumwater has implemented a "Life-Line" rate and/or utility 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.

- 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 **combined disposable income** is less than eighteen thousand dollars (\$25,000) shall qualify for a low income senior citizen or low income disabled person rate.
- B. Every married couple residing in a dwelling unit either as owner, purchaser, or renter, 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, and whose **combined disposable income** is less than thirty thousand (\$35,000) shall qualify for the low income senior/disabled citizen rate.

Along with your completed application the following items must be attached:

- 1. Proof of income. A copy of your tax return for the preceding calendar year.
- 2. Proof of age. A copy of birth certificate or driver's license.
- 3. Proof of permanent disability. Copy of your doctor's report.

This application will be renewed on an annual basis. The income amounts for eligibility will be adjusted annually. To continue with eligibility an application shall be completed every year.

**Definition:** Combined disposable income means the disposable income of the person claiming the discount, plus the disposable income of his or her spouse, and the disposable income of each cotenant 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

Account Number \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Residence)

ADDRESS: \_\_\_\_\_  
(Mailing)

NUMBER OF DEPENDANTS: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

HANDICAPPED: YES NO PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

OWNER OR RENTER: \_\_\_\_\_

IF NOT OWNER, WHO IS: \_\_\_\_\_

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

## COMBINED DISPOSABLE INCOME

These instructions are to assist you in completing the income portion of your application for "Life-Line" rate.

Disposable income means adjusted gross income defined by the Internal Revenue Service PLUS:

- (a) 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,
- (b) Amounts deducted for loss,
- (c) Amounts deducted for depreciation,
- (d) Pension and annuity receipts,
- (e) Military pay and benefits other than Attendant-Care and Medical-Aid payments,
- (f) Veterans benefits other than Attendant-Care and Medical-Aid payments,
- (g) Federal social security act and railroad retirement benefits,
- (h) Dividend receipts, and
- (i) Interest received on state and municipal bonds.

If you file a Form 1040 with the Internal Revenue Service, start with your adjusted gross income figure on the bottom of page 1 of 1040.

Add to this figure any of the above items that were not included or were deducted from your income.

For residents who do not file an IRS return, you must report all income including, but not limited to, the following sources:

- (a) All social security benefits before part b Medicare deduction,
- (b) All railroad retirement benefits,
- (c) All pension and annuity receipts,
- (d) All interest and dividend receipts,
- (e) All wages, consultation fees, speaker fees, etc.,
- (f) All military pay and benefits other than Attendant-Care and Medical-Aid payments,
- (g) All veterans benefits other than Attendant-Care and Medical-Aid payments,
- (h) All investment income,
- (i) All business income. Do not deduct depreciation.
- (j) Capital gains, except the portion of gain that resulted from the sale of your primary residence and was reinvested in a replacement primary residence,
- (k) All rental income. Do not deduct depreciation.
- (l) Plus any other source of income.

## DECLARATION OF COMBINED DISPOSABLE INCOME FORM

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

- |   |   |                 |
|---|---|-----------------|
| 1.  | 100% Social Security for applicant, spouse, and cotenant (including S.S.I.)                         | \$ _____        |
| 2.  | Total Federal Civil Service, Railroad, or Military Retirement                                       | \$ _____        |
| 3.  | Veterans Benefits   | \$ _____        |
| 4.  | Other retirements, pensions, and annuities  | \$ _____        |
| 5.  | Total wages, salaries, tips and consulting fees   | \$ _____        |
| 6.  | Total unemployment, public assistance, or disability income   | \$ _____        |
| 7.  | Interest on state and municipal bonds   | \$ _____        |
| 8.  | All other interest received (savings, real estate contracts, federal bonds, etc.)                   | \$ _____        |
| 9.  | Total income from trusts, royalties, estates and dividends  | \$ _____        |
| 10.   | Total income from rentals, farm, partnerships or businesses   | \$ _____        |
| 11.   | Total capital gains (less sale of residence for reinvestment in new residence)                      | \$ _____        |
| 12.   | All other income  | \$ _____        |
| 13.   | Less amount paid directly to nursing home for care of either spouse or amount paid for in-home care | \$ _____        |
| <b>TOTAL COMBINED INCOME OF APPLICANT, SPOUSE &amp; COTENANTS</b> |   | <b>\$ _____</b> |

**\*\*If you are the owner of the property, this form DOES NOT need to be filled out\*\***

**LANDLORD AGREEMENT AND STATEMENT**

I am the owner of the property at: \_\_\_\_\_  
(Please print)

My name is: \_\_\_\_\_  
(Please print)

The current tenant is: \_\_\_\_\_  
(Please Print)

The current tenant 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date