



CITY OF SUMAS
UTILITY BILLING
LOW-INCOME SENIOR SEWER DISCOUNT

Qualifying Criteria:

- Age of 62 years or older
 - Annual income at or below the Federal Poverty Level:
 - Single Person: \$21,870
 - Two-Person: \$29,580
 - Three-Person: \$37,290
- Based on 150% of the 2023 Federal Poverty Guidelines by the U.S. Department of Health & Human Services*

Account Number: _____	Date: _____
Name: _____	
Service Location Address: _____	Phone: _____
City: _____	State: _____ Zip Code: _____
Applicant's Date of Birth: _____	
Number of people living at this address: _____	

All applications for Low-Income Senior Sewer Discount must include proof of age and household income. Below are suggestions for documents which are acceptable as verification of age and/or income.

- Social Security Benefit Statements
- Last Year's Federal Tax Return
- Driver's License or Birth Certificate (To Verify Age)

TOTAL Annual Household Income received from all sources for **everyone living in the home:**

\$ _____

The documents used to verify your income will be destroyed after verification. All information provided will remain confidential. City records are subject to the Washington Public Records Act RCW 42.56

I certify that I am currently _____ years of age and that the information I have provided is true and accurate. I agree to provide necessary information requested to approve this application. I agree to inform the Utility Billing Clerk if I no longer qualify to receive reduced rates. I will notify the Utility Billing Clerk if I move from this address, sell, or transfer ownership of my home.

I understand that the information provided is subject to audit and investigation by the City of Sumas. I also understand that if I receive reduced rates without meeting the qualification guidelines, I will be required to pay back the discount received. I accept these terms and acknowledge the City may amend the policies governing the Low-Income Senior Discount program at any time.

Any person who knowingly makes a false claim on this application is guilty of a misdemeanor and may be punished for it. That person will also be ineligible for the Low-Income Senior Sewer discount.

Applicant Signature

Date

For Official Use Only

Approved By: _____ Date: _____

Approved By: _____ Date: _____

Comments: _____

