

CITY OF SUMAS UTILITY BILLING LOW-INCOME SENIOR SEWER DISCOUNT

Submit applications to Sumas City Hall or e-mail abons@cityofsumas.com

Qualifying Criteria:

- Age of 62 years or older
- Senior Exemption for:
- Annual income at or below the Federal Poverty Level:

Single Person: \$22,590
 Two-Person: \$30,660
 Three-Person: \$38,730

Based on 150% of the 2024 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 thi	is address:		
* *		ount must include proof of age an nents which are acceptable as ver	
 Social Security Benefit Last Year's Federal Ta Driver's License or Par 	ax Return)	
TOTAL Annual Household In	come received from a	ll sources for everyone living in	the home:
\$	The documents used to verification. All inform	o verify your income will be destroyenation provided will remain confider to the Washington Public Records	ed after ntial.

I certify that I am currently years of age a accurate. I agree to provide necessary information the Utility Billing Clerk if I no longer qualify to red Clerk if I move from this address, sell, or transfer of	requested to approve this application. I agree to be ceive reduced rates. I will notify the Utility Billing.
I understand that the information provided is subject also understand that if I receive reduced rates with required to pay back the discount received. I accept policies governing the Low-Income Senior Discount	out meeting the qualification guidelines, I will be these terms and acknowledge the City may am
Any person who knowingly makes a false claim on be punished for it. That person will also be ineligib	
Applicant Signature	Date
For Offic	cial Use Only
Approved By:	Date:
Approved By:	
	Date:
Approved By:	Date: