

## 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: \$23,475
 Two-Person: \$31,725
 Three-Person: \$39,975

Based on 150% of the 2025 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	s address:		
All applications for Low-Income. Below are age and/or income.		1 0	
<ul> <li>Social Security Benefit</li> <li>Last Year's Federal Ta</li> <li>Driver's License or Pas</li> </ul>	x Return		
TOTAL Annual Household Inc	come received from al	l sources for <u>everyone living</u>	in the home:
\$	The documents used to verification. All inform	verify your income will be destration provided will remain confit to the Washington Public Record	oyed after dential.

	ars of age and that the information I have provided is true a formation requested to approve this application. I agree to aslify to receive reduced rates. I will notify the Utility Billir transfer ownership of my home.
also understand that if I receive reduced	ed is subject to audit and investigation by the City of Sum rates without meeting the qualification guidelines, I will bed. I accept these terms and acknowledge the City may am ior Discount program at any time.
	se claim on this application is guilty of a misdemeanor and be ineligible for the Low-Income Senior Sewer discount.
Applicant Signature	Date
0	Date For Official Use Only
0	For Official Use Only
	For Official Use Only  Date: