

**City of Wapato**  
**Elderly-Low Income Application for Utility Rate Reduction**

**NAME:** \_\_\_\_\_ **ACCOUNT NO:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

STATE OF WASHINGTON ) ss  
COUNTY OF YAKIMA )

**AFFIDAVIT AND CLAIM**

I \_\_\_\_\_, being duly sworn, on oath deposes and state: That by my signature below, I hereby make the following claim for the Elderly Low Income and/or Disabled Low Income Rate Reduction program in the City of Wapato, Washington, pursuant to Ordinance Number 1115, and all statements contained herein are true to the best of my knowledge and belief.

1. My address is \_\_\_\_\_ and my telephone number is \_\_\_\_\_. The utility account is in the name of: \_\_\_\_\_.
2.  I am 65 years of age or older on or before January 31, 2012 or
3.  I am retired from regular, gainful employment by reason of a physical disability.
4. I own/rent my place of residence and it is situated in the City of Wapato and live there with \_\_\_\_\_.
5. I do not reside in federally subsidized housing.
6. Marital Status / Family Size:  Single  Married
7. Not counting yourself or spouse (if married): Number of Dependents of driving age: \_\_\_\_\_  
Number of Dependents Non-Driving age: \_\_\_\_\_
8. Family income from any source\*: \$ \_\_\_\_\_

\*Maximum income of a family unit from all sources for the preceding calendar year shall be determined by using 125% of the U. S. Department of Health and Human Services Poverty Guideline by size of family unit. Family-unit income for the preceding calendar year shall include earned income as well as retirement income, social security benefits, disability benefits, unemployment income, investment income, interest income, capital gains and net rental income from real estate.

Proof of age and/or disability and income must be provided. Copies of your documentation can be made for you when you submit your application. If approved, your discount will begin with the billing mailed to you in the following month.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

Signed and Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_ 2012

- Age/Disability Verified

Income Verified

Assets Verified

Date and Initials \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Notary Public in and for the State of Washington.  
My Notary expires on \_\_\_\_\_.