Post Office Box 310
Long Beach, Washington 98631
Telephone 360-642-4421
FAX 360-642-8841
Longbeachwa.gov

LOW INCOME SENIOR UTILITY DISCOUNT APPLICATION

The City of Long Beach offers **reduced rates on minimum or base charges to low-income senior customers (65 years of age and older)** on water, sewer and storm water utilities provided by the City. The program includes both homeowners and renters who live in a residence receiving a **separate (each rental unit is on a separate water meter and is billed as an individual account to the renter)** City of Long Beach utility service area water or sewer bill.

Name (Please Print) ACCOUNT NUMBER _____

_____

Street Address _____

Telephone _____

City _____ State_____

Zip Code _____

Number of People living in your household: _____

INCOME VERIFICATION: The total income from all sources of **everyone living in the home** shall be reported below. Please provide a **copy of your 2011 IRS Tax Return with schedules,** along with supporting documentation. (The City will not keep these documents, but you must present them when you apply in person to the City for the discount.):

☐ **Senior Customer: I certify that I am 65 years of age or older and my total annual household income is $_____.**

By signing below, I hereby certify that all of the information contained in this application, and the materials I submit, is accurate to the best of my knowledge.

Signature _____Date_____

IF YOU ARE A RENTER YOUR PROPERTY OWNER MUST COMPLETE THIS PORTION.

☐ **IF YOU ARE A RENTER:** Property Owner **must** complete and sign the statement below.

Owner Statement I understand that as the owner of this property, I am responsible for the water/sewer and storm water bill and that this discount is designed to assist the renter, not the owner. **I will also notify the City if this tenant moves out of the house at the above address.**

Name of Property Owner (Please Print)

_____

Street Address _____

Telephone _____

City _____ State _____

Zip Code _____

Account Number _____

Signature _____

Please have form Notarized

State of _____

County of _____

The foregoing instrument was acknowledged before me on this _____

Day of _____ *20*_____

Who is personally know to me or has produced _____ *(type of ID)*

Print Notary's Name _____

Notary's Signature _____

PLEASE RETURN TO:

CITY OF LONG BEACH, WA. PO BOX 310, LONG BEACH, WA 98631

2012 REQUIREMENTS FOR LOW INCOME SENIOR CITIZEN DISCOUNT RATE

The following will be low income senior citizen discount rate guidelines:

1. The low income senior citizen discount will apply **only to the base rate** for the billing.

2. Current full-time residential customers of the City of Long Beach, Washington Utility System may apply for a discount under the Utility Discount Program by filing an application attesting and affirming to the following:

   a. Utility service is under the occupant's (applicant's) name.
   b. The applicant has been a full-time resident in the Long Beach Utility Service area using utilities for not less than one (1) year.
   c. Senior Citizen is Age 65 or older as of January 1, 2012.
   d. Rates for applicants approved for the Senior Citizen Low Income Utility Discount Program shall receive the following credit against the applicant's utility bill for each calendar year.

Total Household Income	Percentage of Credit	Discount per Billing	Year Total Discount
$23,077 - $26,844	10%	$18.25	$109.50
$14,309 - $23,077	15%	$27.37	$ 164.22
$ 8,623 - $14,309	20%	$36.49	$ 218.94
$ 8,623 and under	25%	$45.62	$ 273.72

Maximum allowable credit per year is $273.72

   e. Eligible residential customers are required to reapply for this program on an annual basis.

3. The total income from all sources of **everyone living in the home** shall be reported. If this is a new application, please provide a **copy of your 2011 IRS Tax Return with schedules,** along with supporting documentation. (the City will not keep these documents, but you must present them when you apply in person to the City for the discount.)