



## 2023 CITY OF WINLOCK ANNUAL APPLICATION FOR LOW-INCOME SENIORS AND/OR DISALBED DISCOUNT

The City of Winlock offers reduced rates to qualified low-income seniors and disabled customers for water and sewer utilities provided by the City. The program includes both homeowners and renters who live in a single-family residence and receive a separate City of Winlock water sewer utility bill. This application must be completed in full along with all supporting documents before the City will accept the application.

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ELIGIBILITY REQUIREMENT

- As the primary resident I certify that I am sixty-five (65) years of age or older and my total annual income is \$29,490 or less for myself or \$38,568 or less including that of my spouse or co-tenant(s) annually.
- As the primary resident I certify that I am totally disabled as classified by the Social Security Administration and the total annual income is \$29,490 or less for myself or \$38,568 or less including that of my spouse and all tenants who receive wages.

**\*Every resident must provide adequate proof of age or disability and income.**

#### **Proof of Age: Enclose a copy of one or more of the following – Required:**

- Drivers' License    State Issued ID Card    Passport    Other Photo ID

#### **Proof of Disability - Required:**

- Social Security (SSSI) Award Letter    Other State or Federal Program Approved Letter

#### **Proof of Income: - a copy of one of the following – Required:**

- Bank Statement   or    Current Income Tax Return

#### **Proof of Income: - a copy of one of the following – Required:**

- Social Security 1099 or Award Letter    Retirement Statement

The term "income" as used herein shall mean gross income as defined in Section 61(a) of the Internal Revenue Code of 1954, plus any and all Social Security retirement and/or disability payments, Railroad Retirement Board Pension and/or disability payments and payments received from any other pension, retirement, profit sharing and disability plans and unemployment compensation.

"Low-income senior citizen" shall mean a person who is sixty-five (65) years of age or older and whose total annual income does not exceed the sum of \$29,490 for one individual or \$38,568 including that of his/her spouse and/or co-tenant(s), annually from January 1 through December 31 of each year. Customer will pay 50% of water and sewer current published rates.

"Low income totally disabled" shall mean any person who *has been classified as totally disabled by the Social Security Administration* and whose total annual gross income does not exceed the sum of \$29,490 for one individual or \$38,568 including that of his/her spouse or co-tenant(s), annually from January 1 through December 31 of each year. Customer will pay 50% of water and sewer current published rates.

Applicant must reside in a single-family dwelling within Winlock's water sewer service area and is the primary resident.

**Affidavit**

I affirm and promise that if I qualify to receive the reduced utility rates that I will promptly notify the City of Winlock in writing of the following: 1) if I move from the above address; and 2) of any change in my financial condition that disqualifies me from receiving a special reduced utility rate. The City reserves the right to request periodic income eligibility reviews.

If it is determined that I am not qualified to receive a special reduced utility rate I also promise to promptly repay the City of Winlock any utility rate undercharged to me prior to that determination.

I also agree to provide the City of Winlock, or its duly authorized representative, additional information about my income and/or residence, as may be requested from time to time.

Applicant

\_\_\_\_\_

Printed Name	Signature	Date
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Spouse / Co-tenant

\_\_\_\_\_

Printed Name	Signature	Date
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**Reminder** – *Failure to provide adequate proof of income, age and identity of all occupants will delay processing. Application cannot be approved without required documentation.*

# CITY OF WINLOCK

## LOW INCOME SENIORS AND/OR DISABLED DISCOUNT APPLICATION



### Additional Household Information - REQUIRED

List name, age, and birth dates of everyone residing in the household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

**Additional Occupants:** You may attach a separate sheet of paper that provides the name, age, and date of birth of each additional occupant. Complete income verification must be included for each member of the household.

### Income Checklist - REQUIRED

Did you have any of the following?	Income Source	Amount All Occupants Per Month	Official City Use ONLY
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages, Salaries, Tips, etc.	\$ _____	<input type="checkbox"/> 1040 <input type="checkbox"/> 1040A <input type="checkbox"/> W2 <input type="checkbox"/> 1099
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/Child Support	\$ _____	<input type="checkbox"/> Divorce Degree <input type="checkbox"/> Tax Return
<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Business Income (exclude losses)	\$ _____	<input type="checkbox"/> Schedule C <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Capital Gain (exclude losses)	\$ _____	<input type="checkbox"/> Schedule D <input type="checkbox"/> Form 4797 or 6252 <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA Distributions	\$ _____	<input type="checkbox"/> 1099 <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pensions & Annuities	\$ _____	<input type="checkbox"/> 1099 <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Rental Income	\$ _____	<input type="checkbox"/> Schedule E <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate Income	\$ _____	<input type="checkbox"/> Schedule E <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Royalties	\$ _____	<input type="checkbox"/> Schedule E <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Partnership, S Corporation, Trusts, etc.	\$ _____	<input type="checkbox"/> Schedule E <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Farm Income	\$ _____	<input type="checkbox"/> Schedule E <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	\$ _____	<input type="checkbox"/> 1099G <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Administration	\$ _____	<input type="checkbox"/> SSA Statement (3 mts/disability)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Insurance (SSDI)	\$ _____	<input type="checkbox"/> SSDI Statement (3 mts/disability)
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Benefits	\$ _____	<input type="checkbox"/> VA Statement <input type="checkbox"/> 1099 <input type="checkbox"/> RRB Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Military Pay & Benefits	\$ _____	<input type="checkbox"/> DFAS Statement <input type="checkbox"/> 1099 <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Income	\$ _____	<input type="checkbox"/> Other:
	<b>TOTAL INCOME</b>	\$ _____	

### FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Date Verified: \_\_\_\_\_ Verified By: \_\_\_\_\_  
**APPROVAL DATE:** \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_