



City of Toppenish

21 West First Avenue, Toppenish WA 98948
Office (509) 865-2080 FAX (509) 865-3864
www.cityoftoppenish.us

Office Hours
Monday thru Friday
8:00 AM to 5:00 PM

Application for Low-Income Utility Rate Discount

_____ Last Name	_____ First Name	_____ Middle	_____ Account Number
_____ Service Address			_____ Phone Number

- Select the discount you are applying for:
 - I am applying for a discount as a **low-income senior** citizen. I am 65 or older.
 - I am applying for a discount as a **low-income disabled** citizen. I am disabled.
- The address stated above is my primary residence: Yes No
- Do you own the house or are you a tenant? Owner Tenant
If tenant, provide owner's name and mailing address

_____ Owner's Name	_____ Owner's Mailing Address
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4. Please list ALL residents of the house:

Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____
_____	_____

- The combined annual **household income** for all occupants living in the house: \$_____
- I have attached copies of the following required documents:
 - Government issued picture identification
 - Social Security Statement showing the monthly payment for the current year
 - Income statements for any additional income received by ALL residents of the house
 - Bank statements for the most recent month (for income verification purposes)
 - For tenants only: gas, cable, power, phone, or internet bill showing residency at the house

AFFIDAVIT

I, _____, hereby declare under penalty of perjury under the laws of the State of Washington that all the above statements are true and complete.

_____ Applicant's Signature	_____ Date of Application
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Discounts will take effect the month following approval of completed application.

For City Use			
<input type="checkbox"/> Age or Disability Verified	<input type="checkbox"/> Income Verified	<input type="checkbox"/> Assets Verified	<input type="checkbox"/> Residency Verified
Verified by: _____		Date: _____	