



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

1. 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.

2. The address stated above is my primary residence: Yes No

3. 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

4. Please list ALL residents of the house:

Name

Relationship to Applicant

5. The combined annual **household income** for all occupants living in the house: \$ _____

6. 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

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: _____	