



## APPLICATION FOR 2017 LIFELINE RATE FOR UTILITY SERVICES

The City of Olympia offers a Lifeline rate on utility services for customers who qualify as:

- Low income **AND** disabled  
**OR**
- Low income **AND** over 62.

This rate applies to residential customers only. Lifeline rates are 50% of the standard utility rate for water, sewer, storm water and solid waste. Once a customer qualifies for this program, the Lifeline rate becomes effective on the next billing cycle and must be renewed every year in order to maintain qualification.

The combined household income must be less than the amounts listed below\*:

Members of Household	Combined Household Income**
1	\$26,750
2	\$30,550
3	\$34,350
4	\$38,150

\*The income amounts for eligibility are reviewed and updated annually.

\*\*For households with more than 4 family members please call for income limits.

Along with the complete application, please include the following items:

- ☐ **Proof of income for all members of household**
  - A copy of your tax return for the preceding calendar year or yearly social security statement (if you are not required to file and this was the only income) must be provided. *Bank statements are not accepted as proof.*
  - **IF YOU DID NOT FILE A TAX RETURN, PLEASE EXPLAIN THE REASON:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **Proof of identification and age** (usually in the form of drivers license or state issued ID)
- ☐ **Proof of disability in the form of :**
  - Social security disability statement.
  - A parking placard ID card issued by the Washington State Department of Licensing for certain debilitating conditions. (Not all conditions are covered in this requirement).

*For assistance in completing this application, please contact Utility Billing at 360-753-8340.*

• New Application

Utility Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name) (First Name)

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

Mailing Address: \_\_\_\_\_  
(If different than service address)

Telephone Number: \_\_\_\_\_

If using a parking placard ID card, please initial the following stating that the parking placard ID card was issued for one of the reasons listed. (As stated by RCW 46.19.010)

- Has such a severe disability, that the person cannot walk without the use of or assistance from a brace, cane, another person, prosthetic device, wheelchair, or other assistive device;
- Uses portable oxygen;
- Is restricted by lung disease to such an extent that forced expiratory respiratory volume, when measured by spirometry is less than one liter per second or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
- Has limited mobility and has no vision or whose vision with corrective lenses is so limited that the person requires alternative methods or skills to do efficiently those things that are ordinarily done with sight by persons with normal vision;
- Has an eye condition of a progressive nature that may lead to blindness;
- Impairment by cardiovascular disease or cardiac condition to the extent that the person's functional limitations are classified as class III or IV under standards accepted by the American Heart Association;

Initial here: \_\_\_\_\_

Number of residents in household: \_\_\_\_\_

Please list names and ages:  
(List any additional on a blank page)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dependant?

Yes\_\_\_\_No\_\_\_\_

Yes\_\_\_\_No\_\_\_\_

Yes\_\_\_\_No\_\_\_\_

Yes\_\_\_\_No\_\_\_\_

Employed?

Yes\_\_\_\_No\_\_\_\_

Yes\_\_\_\_No\_\_\_\_

Yes\_\_\_\_No\_\_\_\_

Yes\_\_\_\_No\_\_\_\_

Do you rent at this address or own? \_\_\_\_\_

If you are a renter, who is the owner? \_\_\_\_\_

Continued on the reverse



**DECLARATION OF COMBINED TOTAL YEARLY HOUSEHOLD INCOME**

- ☐ Total Social Security for all members of household \$ \_\_\_\_\_
- ☐ Total Federal Civil Service, Railroad or Military Retirement \$ \_\_\_\_\_
- ☐ Veterans benefits \$ \_\_\_\_\_
- ☐ Other retirements, pensions and annuities \$ \_\_\_\_\_
- ☐ Total wages, salaries, tips and consulting fees \$ \_\_\_\_\_
- ☐ Total unemployment and public assistance \$ \_\_\_\_\_
- ☐ All other interest received \$ \_\_\_\_\_
- ☐ Total gross income from trusts, royalties, estates and dividends \$ \_\_\_\_\_
- ☐ Total gross income from rentals, farm, partnerships or businesses \$ \_\_\_\_\_
- ☐ Total capital gains (less sale of residence for reinvestment in new residence) \$ \_\_\_\_\_
- ☐ All other income \_\_\_\_\_ \$ \_\_\_\_\_  
(List source)
- ☐ Less amount paid directly to nursing home for care of spouse or amount paid for in home care. \$ \_\_\_\_\_

**TOTAL COMBINED YEARLY INCOME FOR ALL HOUSEHOLD MEMBERS** \$ \_\_\_\_\_

***Please remember to include proof for all the income listed above. Failure to provide will cause a delay and/or possible denial of application.***

**I (we) declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct. Verification of any of the information contained in this application may be obtained from any source named herein.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_