



**CITY OF BELLINGHAM
APPLICATION FOR REDUCED UTILITY RATES**

The City of Bellingham offers reduced rates to low-income senior and disabled customers 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 City of Bellingham water or sewer service and water or sewer bill.

Name (Please Print) _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____

INCOME VERIFICATION: The total income from all sources of **everyone living in the home** shall be reported below. If this is a new application, please provide a copy of your 2008 IRS Tax Return with schedules, along with supporting documentation for the following:

Social Security	\$ _____	Wages/Salaries	\$ _____
Interest/Dividends	\$ _____	Business Income	\$ _____
Pension/Annuities	\$ _____	Rental Income	\$ _____
IRA Distributions	\$ _____	Other Income	\$ _____
TOTAL INCOME \$ _____			

- Senior Customer:** I certify that I am 62 years of age or older and my total annual household income is \$26,250 or less.
- Disabled Customer:** I certify that I am 18 years of age or older and that I am receiving permanent Social Security Disability payments and my total household income is \$27,350 or less.

I will notify the Finance Department if I move from this address, sell, or transfer ownership of my home, or no longer receive Social Security Disability payments.

Signature _____ Date _____

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 certify that I have a written agreement with my tenant that stipulates the tenant pay the utility bill or that I agree to reduce the tenant's rent by the amount of the rate reduction. **I will also notify the City if this tenant moves out of the house at the above address.**

Name (Please Print) _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

CITY OF BELLINGHAM, P.O. BOX 5388, BELLINGHAM, WA 98227