



APPLICATION FOR 2018 REDUCED RATE FOR UTILITY SERVICES

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:

Federal Guidelines:

Size of Family Unit	48 Contiguous States & D.C.
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1	\$ 12,140
2	16,460
3	20,780
4	25,100
5	29,420
6	33,740
7	38,060
8	42,380

Ocean Shores Guidelines:

Size of Family Unit	48 Contiguous States & D.C.
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1	\$ 15,175
2	20,575
3	25,975
4	31,375
5	36,775
6	42,175
7	47,575
8	52,975

The Utility rates for those customers qualifying for low-income rate payer status under the Ocean Shores Guidelines will be as follows:

Water:

Base meter rate: \$14.04 per month (Regular rate is \$28.07 per month)
 Consumption rate: \$.0169 per cubic foot (Regular rate is \$.03379 per cubic foot)

Sewer:

Flat Rate: \$10.95 per month (Regular rate is \$21.90 per month)

Storm Drain:

Flat Rate: \$.0650 for each 400SF (of fraction thereof) of the property per month

Ambulance:

Flat Rate: \$ 3.74 per month (Regular rate is \$19.04 per month)

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 driver's 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).

New Application

Utility Account Number: _____

Name: _____
(Last Name) (First Name)

Service Address: _____

Mailing Address: _____
(If different than service address)

Telephone Number: _____

Number of residents in household: _____

Please list names and ages: Dependent? Employed?

(List any additional on a blank page)

_____ Yes ___ No ___ Yes ___ No ___

_____ Yes ___ No ___ Yes ___ No ___

_____ Yes ___ No ___ Yes ___ No ___

_____ Yes ___ No ___ Yes ___ No ___

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 _____