City of DuPont

LIFELINE PROGRAM

UTILITY DISCOUNT APPLICATION
LOW INCOME SENIOR OR LOW INCOME DISABLED
(Water Service)

If you qualify for the DuPont Lifeline Program, you may receive a 30% discount on basic charges for water (up to 1,000 cf).

Name of Applicant_____Account No _____

Residence Address_____Phone No _____

Date of Birth_____Number in Household _____

Eligibility Criteria

- ☐ Low income senior citizen (61 years of age or older)
  (Please attach a copy of your tax return or other proof of income and proof of age.)
- ☐ Low income disabled citizen
  (Please attach a copy of your tax return or other proof of income and a Veterans Administration or Social Security Administration proof of disability.)
- ☐ Retired from regular, gainful employment due to a disability

Are you receiving:

☐ Veterans' Administration Disability Percent of Disability _____%

☐ Social Security Administration Disability

To qualify for the Lifeline Program:

- Applicant must be the sole occupant or head of household;
- The utility account must be in the name of the applicant;
- Applicant must be a permanent, year-round resident of the City of DuPont;
- Applicant must reapply every 6 years to ensure they continue to meet the program criteria.

The applicant's annual income must qualify them for a reduction from real or personal property taxes as set forth by the Washington State Department of Revenue. As of January 2020, that disposable income must not exceed $45,708 https://dor.wa.gov/content/property-tax-exemption-program-senior-citizens-and-disabled-persons

I swear, under the penalties of either civil or criminal perjury, that I have read, understand, and meet all the above criteria. I understand that if at any future date I no longer meet the criteria, it is my obligation to notify the City of DuPont. I consent and agree that the City of DuPont may verify and confirm the above if deemed necessary. The Social Security Administration and the Internal Revenue Service are authorized to release any income information from their files.

_____ _____
Signature Date

☐ Approved By:_____

☐ Denied Title:_____Date:_____

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