



# CITY OF MERCER ISLAND, WASHINGTON

## Application for Discounted Utility Rates Program Year 2024

*The following information is given voluntarily by the undersigned as an applicant for the low-income reduction for Water Usage, Sewer Line Maintenance, and Storm Drain charges.*

**- PLEASE PRINT AND FILL IN ALL AREAS COMPLETELY -**

1. Service address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone Number (with area code): \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Check one:

- ☐ I reside in a home where at least one individual (myself, spouse, companion, co-tenant, etc.) is age 62 or older.
- ☐ I, or my spouse, am permanently disabled.
- ☐ None of the above.

3. I receive a Utility Bill in my or my landlord's name: ☐ Yes ☐ No

Utility Account Number (required) (from your last Utility Bill): \_\_\_\_\_

4. Do you?

- ☐ Rent House ☐ Own House ☐ Rent Apt/Condo ☐ Own Condo

5. How many people currently live in your household? \_\_\_\_\_

Starting with yourself, list the name and birth date of everyone currently living in your household.

Name(s):	Birth Date
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____

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6. How long have you lived in Mercer Island? \_\_\_\_\_

If less than one year, when did you move to Mercer Island? \_\_\_\_\_

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7. **Income Standards.** The combined total income from all applicants in question # 5 meets the income requirements below. This includes sale of assets other than primary residence (please review income worksheet).

☐ Yes ☐ No

**Low Income:** Means a person who is living in a single-family residence and has a maximum annual income of not more than seventy percent (70%) of the Washington State median income as applicable for the number of individuals in the household as computed annually by the State or City. Applicants shall provide such data as to verify eligibility, upon forms provided by and in the manner determined by the City of Mercer Island.

2024 PROGRAM BASED 2023 INCOME	
Persons:	Total Household Income:
1	\$44,276
2	\$57,893
3	\$71,518
4	\$85,142

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8. **Proof of Program Eligibility.** Provide proof of identity and verification of household income with copies of applicable statements:

**Low Income Verification Documents:** Please attach verification the following documentation:

- Copy of 2023 filed, signed, and dated Federal Tax Return for each member of the household 18 or older. Signed returns must include all schedules and all statements.
- Provide all supporting documentation for 2023 signed and filed tax returns. We must be able to verify all income listed. This includes, but is not limited to:
  - W-2's, 1099's (1099-INT, 1099-DIV, 1099-R, 1099-G)
  - Social Security Benefit Award Letters, Pension Award Letters, Annuity Income
  - Proof of Disability Income Award Letters
  - Child support and/or Alimony payments

If you did not file a Federal Tax Return for 2023, please complete the income worksheet on the last page of this application and provide corresponding income documentation from Social Security, 401k income, pensions, etc. (see worksheet for full list) and please provide 12 months of all bank statements (savings, checking, etc.) that verifies money deposited matches money reported on the income worksheet.

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**9. Length of Eligibility.**

Applicants must reapply for the discounted utility rates every 2 years. To qualify for an extended period of eligibility, an applicant must provide verification that they are a senior citizen or disabled.

**Senior Citizen:** Means a person who is sixty-two (62) years of age or older

**Disabled Citizen:** Means a person who is disabled, handicapped, or incapacitated person as defined under any other state or federal program and receives funds from a disability program as a result of a disability that prevents, he/she from working, consistent with the requirements of 42 USC Section 401 et seq.

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**10. Proof for Extended Eligibility.** Please provide the following verification:

**Age:** Copy of driver's license **or** birth certificate **or** passport

**Disability:** Document demonstrating qualifications: Supplemental Security Income (SSI) **and/or** Social Security Disability Income (SSDI)

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**11. I promise that I will promptly notify the City in writing if I should move from the above residence or in the event of any change in my financial condition that would disqualify me from receiving the special rates for utility service.**

☐ Yes ☐ No

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*I, the undersigned, do hereby certify under penalty of perjury, that I have read and understood all of the program guidelines provided on this application, and that all of the information provided by me on this application is true to the best of my knowledge. I understand that any attempt to falsify my information will result in my disqualification from the program for this year. I further certify that my income status remains the same as presented on my documentation.*

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**Applicant Name (printed)**

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**Applicant Signature**

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**Date**

**PLEASE RETURN COMPLETED FORM TO:**

City of Mercer Island  
Finance Department  
9611 SE 36<sup>th</sup> St  
Mercer Island, WA 98040  
Attn: Analisa Cartwright

**QUESTIONS? PLEASE CONTACT:**

Finance Department  
206-275-7784

**QUESTIONS/SUPPORT COMPLETING FORMS:**

Under 60 years of age: Cheryl Manriquez (206) 275-7869  
Over 60 years of age: Marjorie Carlson (206) 275-7752

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UTILITIES OFFICE USE ONLY

Date Received: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

NOTES:

# UTILITIES RATE REDUCTION PROGRAM INCOME WORKSHEET

Please fill out all areas completely for each applicant listed in question #5 who is contributing to the household. Total Household Income is the income of yourself, your spouse, and that of any co-tenants. Some examples of household income include:

- Wages, salaries and tips
- Social Security benefits
- Net business income
- Taxable interest and dividends
- Pension & annuity receipts
- Governmental assistance
- IRA withdrawals
- School loans, financial aid and work study
- Rental income
- Capital gains
- Child support
- Sale of assets other than primary residence
- Disbursements from investments
- Sale of stocks or bonds

If you are applying for a low-income program **and cannot provide a copy of the Income Tax Return you filed with the IRS last year**, please complete the following Income Worksheet and provide proof of income with copies of applicable statements. **Documentation** must be provided for all income.

Income Source	Annual Income for Each Household Member			
	A.	B.	C.	Total
Social Security (including Medicare)				
Pension Benefits				
Public Assistance				
Interest/Dividends (1099)				
Salaries/Wages				
Business Income (Net)				
Supplemental Security Income (SSI)				
Social Security Disability Income (SSDI)				
Veterans Payments				
IRA withdrawal				
Gifts				
Sale of assets other than primary residence				
Disbursements from investments				
Other (please list below)				
Total Income				

