

**2006  
LOW INCOME SENIOR/DISABLED  
UTILITY RATE REDUCTION**

**New Application**  
 **Renewal Application**

Reduced rates for cable & garbage service are available to our low-income seniors and permanently disabled residents, as allowed by state law. The reduction in rates is as follows:

Comcast Basic Cable Service	30%	City of Algona Minimum Water Charge	25%
Waste Management	25%	City of Algona Minimum Sewer Charge	15%
		City of Algona Stormwater Drainage	25%

In order to qualify, you must meet the following conditions. Income levels are established by the U. S. Department of Housing and Urban Development and are subject to annual change. Application for discount(s) must be renewed annually by May 31st.

**Head of Household**

65 or older

Permanently Disabled

**Gross Annual Income from all Sources - Family Size  
Check ONE**

1 - \$27,250

4 - \$38,950

2 - \$31,150

5 - \$42,050

3 - \$35,050

6 - \$45,200

<b>Applicant Name</b>	
<b>Spouse (if applicable)</b>	
<b>Others living in home</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Phone #</b>	

**Attach required documents:**

- 1) **Copy of 2005 Federal Income Tax return of ALL residents in household**  
**OR**  
**If you do not file a Federal Tax return please attach a copy of your SSA 1099 ANNUAL statement and copies of all other annual income statements such as pension and interest income**
- 2) **Copy of photo ID or birth certificate (For senior applications only)**
- 3) **Completed Physician's Statement (For disability applications only)**

**TURN OVER & COMPLETE BACK PAGE**

I, \_\_\_\_\_ certify under penalty of perjury that I and my spouse (if any) had a gross combined annual income of less than \$ \_\_\_\_\_ during the preceding calendar year.

Applicant Signature \_\_\_\_\_

Address \_\_\_\_\_, Algona, Washington, 98001

Subscribed and sworn to before me this \_\_\_\_\_ day \_\_\_\_\_ 200\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of  
Washington residing in \_\_\_\_\_ County.  
My Commission expires \_\_\_\_\_

**FOR CITY USE ONLY – DO NOT WRITE BELOW LINE**

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<b>Account Number</b>	
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**After approval:**

- 1) Utility Management Change:** Change Water/Sewer/Storm Drainage utility account codes (screen 2, fields 39, 41 & 47) to 201 – SENIOR DISCOUNT
- 2) Utility Management Change:** Screen 1, field 25 – SR DISC RATES
- 3) Send Notification to Waste Management. Customer is responsible for contacting Comcast Cable.**
- 4) Update Access Database and Outlook Folder**

<b>Entered By</b>	
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**City Of Algona  
Affidavit - Claim of Disability**

The undersigned certifies, subject to the penalties of perjury, that:

The applicant is the head of household receiving Water, Sewer, Storm Drainage, Cable TV or Garbage service at the address listed below.

The applicant meets the following criteria for receiving the exemption for utility services:

The applicant is totally and permanently disabled preventing the applicant from ever performing any work at any gainful occupation.

<b>Applicant Name</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Phone #</b>	

<b>Applicant Signature</b>	
<b>Date</b>	

<b>Physician Signature</b>	
<b>Date</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Phone #</b>	

**Annual affidavit necessary each year.**