

**CITY OF KELSO**  
**LOW INCOME SENIOR DISCOUNT APPLICATION**

**Instructions:** Please bring completed application along with proof of income for the previous year (2024). We will verify your income and notarize your signature here in the Finance & Utility Department.

Please check one:  New Application       Renewal Application

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Billing Cycle: \_\_\_\_\_

**Account Services:** Please check all services that apply to you.

<input type="checkbox"/> WATER REDUCTION	<input type="checkbox"/> SEWER REDUCTION
<input type="checkbox"/> GARBAGE REDUCTION	<input type="checkbox"/> STORMWATER

## Personal Information

Name (Must match name on account): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  Rent  Own

**Financial Information:** Please fill in the yearly income total in the correct box listed.

Source of Income:	Applicant	Co-Tenant**/Spouse
Social Security/Disability	\$	\$
Public Assistance i.e. Food Stamps/TANF	\$	\$
Wages, Salaries, Unemployment	\$	\$
Military/Civil Service	\$	\$
Veteran Retirement	\$	\$
Railroad Retirement	\$	\$
Gift, Trust or Estate Income	\$	\$
Net Income from Rental Property* <small>*Depreciation and business losses may not be deducted</small>	\$	\$
Proceeds from Sale of Property <small>*Capital Gain Portion Only</small>	\$	\$
Interest Income <small>*Dividends Include State &amp; Municipal Bonds</small>	\$	\$
Dividends Receipts	\$	\$
Income From <b>Any Other Source</b>	\$	\$

**Applicant Total:** \$ \_\_\_\_\_ **Co-Tenant/Spouse Total:** \$ \_\_\_\_\_

**Combined Total:** \$ \_\_\_\_\_

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\*The term "income" as used herein shall mean gross income defined in Section 61 (A) of the Internal Revenue Code of 1954, plus any and all Social Security Retirement and/or Disability payments, Railroad Retirement Board Pension and/or Disability payments, and payments received from any other pension, retirement, profit sharing and disability plans, and unemployment compensation. The term "low-income senior citizen customer" shall mean a person who is **61 years of age or older** and whose total income, including that of his or her spouse/co-tenant, does not exceed the sum of **\$54,000.00** annually from January 1 through December 31 of each year. Any change of income should be reported immediately. Failure to report income changes could result in being back billed for

**\*\*The term "Co-tenant" means a person who rents the same property under the same lease or rental agreement with the applicant.**

STATE OF WASHINGTON)

: SS

COUNTY OF COWLITZ)

The undersigned applicant, being first duly sworn, on oath deposes and says: That all the above statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant in the Presence of Notary

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Income was verified by Finance Department Employee

\_\_\_\_\_

- APPROVED
- DENIED