

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

**Instructions:** Please bring completed application along with proof of income for the previous year (2023). We will verify your income and notarize your signature here in the Finance & Utility Department.

**Account Information:** Is this **New Application:** \_\_\_\_\_ **Renewal Application:** \_\_\_\_\_

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

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

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

**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.

<b>Source of Income</b>	<b>Applicant</b>	<b>Co-Tenant**/Spouse</b>
Social Security/Disability	\$	\$
Public Assistance (Food/TANIF)	\$	\$
Wages, Salaries, Unemployment	\$	\$
Military/Civil Service/Veteran Retirement	\$	\$
Railroad Retirement	\$	\$
Gift, Trust or Estate Income	\$	\$
Net Income from Rental Property *Depreciation and business losses may not be deducted.	\$ _____	\$ _____
Proceeds from Sale of Property *Capital gain portion only	\$	\$
Interest Income & Dividends include State & Municipal Bonds Dividends Receipts	\$ _____	\$ _____
Income From Any Other Source *List any other Income you may receive that is not listed.	\$ _____	\$ _____
<b>Applicant Total:</b>	\$	-----
<b>Co-Tenant/Spouse Total:</b>	\$	-----
<b>Combined Total:</b>	\$	-----

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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.**

**\*\*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**