



# The City of Battle Ground

## Application for Reduced Utility Rates

The City of Battle Ground offers reduced rates to qualified low-income seniors for utility services provided by the city. Upon approval, qualified customers will receive a 25% discount on their utility bill.

Name		Date of Birth <sup>1</sup>	
Email		Phone #	
Utility Account #			
Address			

<sup>1</sup>**Proof of Age (attached):**     Driver's License     Passport     Other: \_\_\_\_\_

How many people live in the residence? \_\_\_\_\_

Please print the name of each person (for additional individuals, attach a separate sheet):

Name (print)	Birthdate	Total Gross Income (if over 18 years of age) <sup>2</sup>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

<sup>2</sup>**Proof of Income (attached):** Please enclose copies of income documentation for ALL household occupants (18 and older)—a copy of the prior year's tax return or a letter of non-filing (4506-T) from the IRS; a copy of the prior year's annual social security income statement or alternate retirement statement.

- Form 1040 *OR* signed Form 4506-T attached
- Social Security statement attached
- All other reportable income documents attached

I, the undersigned, under penalty of perjury of the laws of the State of Washington do hereby declare and certify:

- I read and understand all of the program guidelines provided within this application. All the information provided by me on this application is accurate, complete, and 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 and may subject me to further civil or criminal penalties.
- I promise that I will promptly notify the City in writing of any change in my financial situation that would disqualify me from receiving the utility discount or if I should move from the above residence.
- I promise that I will promptly repay the City for any undercharges that have been made if it is determined that I am not qualified.
- I agree to provide the City with additional information about my income and residence as may be requested from time to time in order to establish eligibility.
- I have removed or blocked-out any Social Security Number and/or financial account numbers on the required supporting documents submitted to the City of Battle Ground.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this application form and required application documentation (proof of age; proof of income) to:

The City of Battle Ground  
Attn: Utility Department  
109 SW 1<sup>st</sup> Street, Suite 217  
Battle Ground, WA 98604

INTERNAL USE ONLY:

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

\_\_\_\_\_  
Winter WA Avg

\_\_\_\_\_  
Initials

Accounting Manager

Approved

Initial:

Denied

Explanation:

Finance Director

Approved

Initial:

Denied

Explanation:

Customer Contacted

Entered in System