



Date Received:

City of Yelm
106 Second St. SE., Yelm, WA 98597
Phone: (360) 458-3244 Fax: (360) 458-4348
www.yelmwa.gov

Reduced Residential Utility Rate Application

Name: Age: Date of Birth:
(Applicant #1)
Name: Age: Date of Birth:
(Applicant #2 - spouse/partner)
Address: (Physical Residence)
Owners Name: (If not applicant)
Address: Phone Number: (Mailing)

COMBINED INCOME DECLARATION FORM

Report and provide documentation of combined gross annual income for the previous calendar year, regardless of the source.

- 1. Prior Year Federal Tax Return Adjusted Gross Income \$
OR All applicable items listed below
1. 100% Social Security for the applicant, spouse, and any co-tenants \$
2. Total Federal Civil Service, Railroad, or Military Retirement \$
3. Veterans Benefits \$
4. Other retirement, pension or annuity received \$
5. Total wages, salaries, tips, consulting fees \$
6. Total unemployment, public assistance, or disability income \$
7. Interest on state or municipal bonds \$
8. All other interest/dividends received (Savings, real estate contracts, federal bonds, etc.) \$
9. Income from trusts, royalties, estates \$

10. Income from rentals, farm, partnerships or businesses \$ _____

11. Capital gains \$ _____

12. Any other income \$ _____
 Source: _____

TOTAL COMBINED INCOME: \$ _____

Under penalty of perjury, I (We) attest that submitted information is true and correct and that I (We) have reported combined income from all sources. I (We) understand and agree that the City of Yelm shall have the right to periodically check this information for compliance.

Applicant #1: Signature _____ Date: _____

Applicant #2: Signature _____ Date: _____

(For City Use Only)

Utility Account #: _____ **Address:** _____

Applicant #1 – Verification & Approval

Age : _____ Source Document: _____

Income: \$ _____

Income Verification:

| | |
|---------------------------|-------------|
| Federal Tax Return | Year: _____ |
| Social Security Statement | Date: _____ |
| Bank Statements | Date: _____ |
| Other: _____ | |
| Other: _____ | |
| Other: _____ | |

Approved by: _____ Date: _____

Applicant #2 – Verification & Approval

Age: _____ Source Document: _____

Income: \$ _____

Verification:

| | |
|---------------------------|-------------|
| Federal Tax Return | Year: _____ |
| Social Security Statement | Date: _____ |
| Bank Statements | Date: _____ |
| Other: _____ | |
| Other: _____ | |
| Other: _____ | |

Approved by: _____ Date: _____

Reduced Residential Utility Rate Application Requirements

13.14.010 Rate Reduction—Established

A. From and after March 1, 2018, the monthly base utility charges for water, sanitary sewer, storm water and surface water of any utility subscriber of the city meeting the eligibility and qualification requirements of this Chapter shall be reduced by 50% (fifty percent).

13.04.310 Rate reduction – Eligibility.

A. To be eligible for the water service charge reduction set forth in YMC [13.04.300](#), a subscriber shall:

1. Be a single person, 65 years of age or older, who is retired and whose income from all sources meets the qualifications as set forth in 13.04.310.B;
2. Be a couple where one partner is 65 years of age or older, whose income from all sources whatsoever combined with the income of the partners meets the qualifications as set forth in 13.04.310.C; or
3. Be a permanently disabled head of household whose income from all sources meets the qualifications as set forth in 13.04.310.C

B. For the purposes of this chapter, the term "income from all sources whatsoever" includes all earnings, investment income such as dividends and interest, capital gains, benefits, social security benefits, pensions, disability payments, retirement pay and annuities, but does not include reimbursement for losses. (Ord. 868 § 2, 2007; Ord. 512 § 2, 1994; Ord. 337, 1987).

13.04.320 Rate reduction – Application procedure.

To qualify for the reduction in water-service charges set forth in this chapter, every eligible subscriber (or if married, then either spouse) shall file with the city clerk/treasurer his or her statement, under oath, on such form as may be prescribed by the city clerk/treasurer, that he, she or they meet the eligibility requirements set forth in YMC [13.04.310](#) and that such applicant or applicants promise to forthwith notify the city of any circumstances or change in conditions which would make the applicant or applicants ineligible to receive the reduction. (Ord. 337, 1987).

Income Table for Senior/Disability Utility Rate Reduction Approval

| Persons in Family | Income Limit Per US Department of Housing and Urban Development |
|-------------------|---|
| 1 | \$29,300 |
| 2 | \$33,500 |
| 3 | \$37,700 |
| 4 | \$41,850 |
| 5 | \$45,200 |
| 6 | \$48,550 |
| 7 | \$51,900 |
| 8 | \$55,250 |

This is consistent with [US Department of Housing and Urban Development](#). Proof of income and age is required. The utility account billing must be in the applicant's name. This application is renewable on an annual basis.