



## **LIFELINE RATE FOR UTILITY SERVICES**

The City of Olympia offers a Lifeline Rate on utility services for customers who qualify as low-income and disabled, and low-income senior citizens. This rate applies to residential customers only. Lifeline Rates are 50% of the standard utility rate for Water, Solid Waste, Sewer, and Stormwater. Once you qualify for this program, the Lifeline Rate becomes effective on your next billing cycle.

Eligible customers must meet guidelines for low-income **and** be disabled, **or** low-income and over the age of 62. For the purpose of our Lifeline Rate, low-income is defined as 50% below the median family income for Thurston County.

Combined household income must be less than the amount listed below:

Person(s) per Family:	1	\$23,200
	2	\$26,500
	3	\$29,850
	4	\$33,150

Along with your completed application, please attach the following items:

1. Proof of income.
  - A copy of your tax return for the preceding calendar year must be provided. (*For residents who do not file an IRS tax return, you must provide documentation of all income.*)
2. Proof of age.
  - A copy of your driver's license or birth certificate.
3. Proof of permanent disability.
  - Letter from your doctor stating permanent disability.

Once you qualify for the Lifeline program, to remain eligible, you must renew your application each year. The median income amounts for eligibility will be adjusted annually.

For assistance in completing this application, please contact the Utility Billing Section at 753-8340.

**Keep this part for your records**





**DECLARATION OF COMBINED HOUSEHOLD INCOME**

Provide combined gross annual income for the 2008 calendar year, regardless of source.

- 1. 100% Social Security for applicant, spouse and co-tenant (including S.S.I.) \$ \_\_\_\_\_
  - 2. Total Federal Civil Service, Railroad, or Military Retirement \$ \_\_\_\_\_
  - 3. Veterans Benefits \$ \_\_\_\_\_
  - 4. Other retirements, pensions, and annuities \$ \_\_\_\_\_
  - 5. Total wages, salaries, tips, and consulting fees \$ \_\_\_\_\_
  - 6. Total unemployment, public assistance, or disability income \$ \_\_\_\_\_
  - 7. Interest on state and municipal bonds \$ \_\_\_\_\_
  - 8. All other interest received (savings, real estate contracts, federal bonds, etc) \$ \_\_\_\_\_
  - 9. Total income from trusts, royalties, estates, and dividends \$ \_\_\_\_\_
  - 10. Total income from rentals, farm, partnerships, or businesses \$ \_\_\_\_\_
  - 11. Total capital gains (less sale of residence for reinvestment in new residence) \$ \_\_\_\_\_
  - 12. All other income \$ \_\_\_\_\_
  - 13. Less, amount paid directly to nursing home for care of spouse, or amount paid for in-home care \$ \_\_\_\_\_
- TOTAL COMBINED INCOME OF APPLICANT, SPOUSE AND CO-TENANTS** \$ \_\_\_\_\_

*For the purpose of our Lifeline Rate, low-income is defined as 50% below the median family income for Thurston County. Combined household income must be less than amounts listed below:*

*Person(s) per family: (1) \$23,200 (2) \$26,500 (3) \$29,850 (4) \$33,150*

*Remember to include proof of income. A copy of your tax return for 2008 must be provided. (For residents who do not file an IRS tax return, you must provide documentation of all income.)*

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Renew

**City of Olympia  
Olympia, Washington**

Utility Account Number: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last name) (First name)

ADDRESS: \_\_\_\_\_  
(Residence)

ADDRESS: \_\_\_\_\_  
(Mailing)

PHONE: \_\_\_\_\_

NUMBER OF PERSONS LIVING IN HOUSEHOLD: \_\_\_\_\_

PERMANENTLY DISABLED: YES NO If yes, please attach documentation.

OVER 62: YES NO If yes, please attach documentation.

OWNER OR RENTER: \_\_\_\_\_

IF NOT OWNER, NAME OF OWNER: \_\_\_\_\_

I (We) declare, under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct. Verification of any of the information contained in this application may be obtained from any source named herein.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date