



# CITY OF SNOHOMISH

*Founded 1859, Incorporated 1890*

116 UNION AVENUE □ SNOHOMISH, WASHINGTON 98290 □ TEL (360) 568-3115 FAX (360) 568-1375

## 2008 APPLICATION FOR SPECIAL UTILITY RATES AND SERVICES

The attached form is used to evaluate requests for special utility service rates for low income senior citizens or handicapped residents and for special non-curbside garbage pickups for customers whose physical conditions make it difficult for them to place the garbage container at the curbside location.

### Low Income Senior Citizens and Low Income Handicapped Rates

Low income senior citizens and low income handicapped residents of the City may apply to receive water and sewer services at one half of the monthly minimum charge.

Please use the following definitions in determining eligibility:

- (1) **Low-Income:** A household in which the total annual income is below the very low income level for the Seattle/Everett area as established and amended by survey from time to time by the United States Department of Housing and Urban Development. Presently, the maximum income levels are set at the amounts below:

Persons Per Household	Monthly Income	Annual Income
1	\$2,272	\$27,265
2	\$2,596	\$31,150
3	\$2,921	\$35,050
4	\$3,246	\$38,950
5	\$3,504	\$42,050
6	\$3,767	\$45,200
7	\$4,025	\$48,300
8	\$4,283	\$51,400

- (2) **Senior Citizen:** A person 62 years of age or older whose income provides the primary financial resources for the household in which the citizen is a full time resident.
- (3) **Handicapped:** A citizen whose income provides the primary resources for the household in which the citizen is a full time resident and who has a physical impairment of such a nature as to materially affect the number and types of employment for which the individual can reasonably qualify.

Lynnwood Disposal will provide service at non-curbside locations for qualified customers. Customers whose physical condition makes it unusually difficult or unsafe for them to bring containers to an alley or curbside location may apply for special pickup services at no extra charge. Persons requesting this special non-curbside service should fill out the attached form and provide the information requested on the form. This information will be used by the Utility Service Board to determine eligibility.

### **Water/Sewer Rate for Qualified Customers**

Water and sewer utility rates will apply to those qualified customers who utilize a 5/8-inch single family residential service. Customers requiring service in excess of a 5/8-inch single family residential service shall not qualify for a rate reduction regardless of income.

If you have any questions regarding the special rates or special service, you may call the City of Snohomish at 568-3115, and ask for the Utility Clerk.



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## 2008 REDUCED UTILITY RATE APPLICATION FORM

1. NAME
2. ADDRESS
3. ARE YOU CURRENTLY 62 YEARS OF AGE OR OLDER      YES      NO (circle one)
4. ARE YOU HANDICAPPED? (See definition on cover sheet)      YES      NO  
Provide documentation of handicap.
5. WILL THE HANDICAP PREVENT YOU FROM TAKING YOUR GARBAGE TO THE CURB FOR PICKUP?      YES      NO
6. IS SPECIAL PICKUP SERVICE REQUESTED?      YES      NO
7. HOW MANY PERSONS LIVE IN YOUR HOUSEHOLD
8. WHAT WAS THE TOTAL HOUSEHOLD INCOME IN 2007? BE SURE TO INCLUDE INTEREST INCOME, PENSIONS, SOCIAL SECURITY, HOME OCCUPATION INCOME AND MONEY CONTRIBUTED FROM OTHER HOUSEHOLD MEMBERS:
9. LIST SOURCE(S) OF INCOME:
10. DO YOU ANTICIPATE MAJOR CHANGES IN HOUSEHOLD INCOME DURING 2008? IF YES, EXPLAIN:
11. COMMENTS:

**I HEREBY SWEAR AND AFFIRM UNDER THE PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**I HAVE ATTACHED:      VERIFICATION OF INCOME – i.e. 2007 Tax Return  
DOCUMENTATION OF HANDICAP (IF APPROPRIATE)**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**TELEPHONE** \_\_\_\_\_