

City of Tukwila, Washington Utility Tax Relief Program - Application

For Senior (at least 62 years) and Disabled Low Income Residents

Tax Relief applications are due before Sept 30th

Please return this application to: Tukwila City Hall, Finance Dept Attn: Utility Tax Relief Program 6200 Southcenter Blvd Tukwila, WA 98188

Name			Phone	Phone Email			
Service Address			Email				
Mailing Address							
Have you lived at this address since January of the tax relief year?				☐ Yes ☐ No			
Verification of Income Level -							
Income may be verified using either of the fo	llowing method	ls:					
						City review	
A. Federal Tax Return							
(a copy of your most recent return must be attached to this application as proof for verification) Please indicate your total annual household income:				\$			
B. If you do not prepare a federal tax	returns, ple	ase complete th	e following				
and attach copies of statements as p	roof for verif	fication -	\$				
Social Security Benefits							
Pensions, Annuities and other retirement savings income							
Wages earned All other sources of income Total Combined Income:			\$ \$				
Lucy T D II (D							
Utility Tax Relief Requested - Provide a cope For Year 2 Tax Relief:	y of your custom	er bill that shows nam	ne, service address	& customer (account numb	er.	
Electricity: Seattle City Light (SCL)		SCL Account	Number				
Puget Sound Energy (PSE	Ξ)						
Gas: Puget Sound Energy (PSE	•	PSE Account	Number				
Tukwila Senior and/or Disabled Low Inc	ome Resident	Certification -					
I, the undersigned, do hereby certify under p							
this application, and that all of the informatio							
any attempt to falsify my information will res status remains the same as presented on my			nogram for this y	ear. Fruitile	i certify that	t my mcome	
Authorization to release information as			of this Utility 1	ax Relief I	Program.		
Please note that pursuant to U.S. Privacy Law	=		=		_	nt information	
that you may be required to submit to the Cit	•						
disclosed without your express written conse							
and/or its designated agent(s) to release the			rmation as neces	sary to the (City of Tukwi	la to be used for	
the processing, only, of this request for utility Applicant	y relief reimburs	sement.					
Signature			Date				
	For Fina	ince Department Use	Only				
Date Application Received:							
City of Tukwila Residence Verified	YES	NO					
Income Level and/or Disability Status Verified:	YES	NO					
Verified By:			Application Ap	proved:	YES	NO	

SUPPLEMENTAL APPLICATION AND AFFIDAVIT FOR UTILITY TAX RELIEF PROGRAM Utility Tax Relief Year: 2 Name: Address: City, State, Zip: Ph# In support of my application and claim for the City of Tukwila's Utility Tax Relief Program on electricity and natural gas services for senior and disabled low-income residents, I do hereby attest and certify that the following statements are true: 1) I am 62 years of age or older or (if married) my spouse is 62 years of age or older. years of age and totally and permanently disabled. Please attach a copy of the attending physician's statement verifying such permanent disability. 2) I am the owner, purchaser or renter and permanent resident of the above described residence or service address. I further attest that the above residence/service address is billed by either or both Puget Sound Energy and/or Seattle City Light and I pay for such billing directly to one or both of these service providers in the purchase of residential electricity and/or natural gas. 3) My disposable income from all sources is less than \$32,000 per year if single, or if married, combined disposable income is less than \$46,500 per year. I promise that I will promptly notify the City in writing if I should move from the above described residence/service address, or in the event of any change in my financial condition that would disqualify me from receiving the Utility Tax Rebate for energy services. I further agree to provide the City with such additional information about my income and residence/service address as may be 5) requested from time to time in order to establish eligibility. **AFFIDAVIT** I affirm that all of the above statements are true and correct to the best of my knowledge. Printed Name Signature Date

Printed Name

Signature

Date

State of Washington, County of King

Subscribed and Affirmed Before Me this ______ Day of ______, 2____.

Signature of Notary Public

Name as commissioned

My appointment expires on.

Reminder - Do not forget to provide adequate proof of income, age, and identify all occupants, ie: a copy of income tax return, social security annual statement, retirement statement, bank statement, or any other proof required by the City of Tukwila. <u>Application cannot be approved without required documentation</u>. Please call for assistance if needed 206-433-1835. Thank you.