



City of Tukwila, Washington
Utility Tax Relief Program Application
For Senior (at least 62 years) and Disabled
Low Income Residents

Please mail this application to:
 Tukwila City Hall
 Dept. of Finance, Attn: Lily Jue
 6200 Southcenter Blvd.
 Tukwila, WA 98188
 206-433-7190

→ (Application is due before June 30th) ←

Customer Name: _____
 Address: _____ Apt. No.: _____
 City/State: _____ Zip Code: _____
 Telephone Number: _____

Notary Required
Please Complete Back of Form

Have you lived at this address since January of tax relief year? Yes No

Verification of Income Level -

Income may be verified as according to the following methods:

A. Federal Tax Return <i>(a copy of your most recent return must be attached to this application as proof for verification)</i>		<i>City Verification</i>
Please indicate your total annual household income: \$ _____		

B. If you do not prepare a federal tax return, complete the following and attach copies of statements as proof for verification -

→	100% Social Security which includes Part B Medicare	\$ _____	
→	Pensions, Annuities, Railroad Retirement, State/Federal Civil Svc	\$ _____	
→	Interest & Dividends	\$ _____	
→	Wages	\$ _____	
→	Business/Rental Income Before Depreciation	\$ _____	
→	All Other Income (including capital gains)	\$ _____	
	Total Combined Income	\$ _____	

Utility Tax Relief Requested- Provide copy of customer bill as of Dec. 2017 that shows name, svc address & customer account no.

For Year 2017 Relief	→	Electricity: Is your electricity provided by Seattle City Light (SCL)?	Yes	No
	→	Electricity: Is your electricity provided by Puget Sound Energy (PSE)?	Yes	No
	→	Gas: Is your gas provided by Puget Sound Energy (PSE)?	Yes	No
		Please list your SCL customer Account Number: _____		
		Please list your PSE customer Account Number: _____		

Tukwila Senior and/or Disabled Low Income Resident Certification -

I, the undersigned, do hereby certify under penalty of perjury, that I have read and understood all of the program guidelines provided on this application, and that all of the information provided by me on this application is 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. I further certify that my income status remains the same as presented on my documentation.

Authorization to release information as required for the administration of this Utility Tax Relief Program.

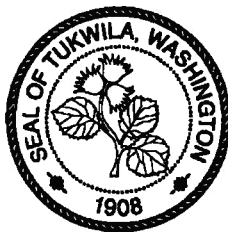
Please note that pursuant to U.S. Privacy Laws, Puget Sound Energy and/or Seattle City Light confidential customer account information that you may be required to submit to the City of Tukwila's Utility Relief Program, including detailed customer account records, cannot be disclosed without your express written consent. By signing this form application, you hereby authorize the named utility service provider and/or its designated agent(s) to release the appropriate customer account information as necessary to the City of Tukwila to be used for the processing, *only*, of this request for utility relief reimbursement.

Applicant
 Signature _____ Date _____

For Department Use Only

Date Application Received: _____
 City Residence Verified: Yes No
 Low Income Level Verified: Yes No
 Verified By: _____

Application Approved: Yes No



City of Tukwila



SUPPLEMENTAL APPLICATION AND AFFIDAVIT FOR UTILITY TAX RELIEF PROGRAM

NAME: _____ UTILITY TAX RELIEF YEAR: 2017

STREET ADDRESS: _____

CITY: _____ ZIP: _____ PHONE NO.: _____

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.
Or, I am _____ years of age and totally and permanently disabled and I attach herewith 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 \$32,000 per year.
- 4) 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.
- 5) I further agree to provide the City with such additional information about my income and residence/service address as may be requested from time to time in order to establish eligibility.

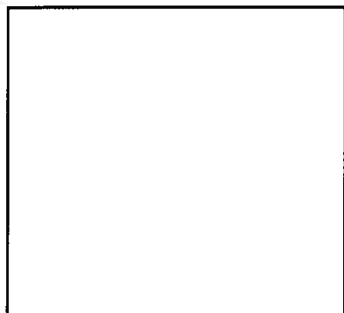
AFFIDAVIT

I affirm that all of the above statements are true and correct to the best of my knowledge.

State of Washington, County of King

Signature of Applicant

Subscribed and Affirmed Before Me This _____ Day of _____, 20____.



Signature of Notary Public

Name as commissioned: _____

My appointment expires: _____

