



City of Tukwila, Washington
Utility Tax Relief Program - Application

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

2019 Tax Relief applications are due before Sept 30th 2020

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

Name _____ Phone _____
 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 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>	\$	City review
Please indicate your total annual household income:		

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

Social Security Benefits	\$	
Pensions, Annuities and other retirement savings income	\$	
Wages earned	\$	
All other sources of income	\$	
Total Combined Income:	\$	

Utility Tax Relief Requested - Provide a copy of your customer bill that shows name, service address & customer account number.

For Year 2019 Tax Relief:

Electricity: Seattle City Light (SCL) SCL Account Number _____
 Puget Sound Energy (PSE) PSE Account Number _____

Gas: Puget Sound Energy (PSE) _____

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 _____ **Date** _____
Signature _____

For Finance 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 Approved: YES NO

SUPPLEMENTAL APPLICATION AND AFFIDAVIT FOR UTILITY TAX RELIEF PROGRAM

Name: _____ Utility Tax Relief Year: **2019**
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.
 Or, I am _____ 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.
- 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.

Printed Name Signature Date

State of Washington, County of King

Subscribed and Affirmed Before Me this _____ Day of _____, 20_____.

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. Application cannot be approved without required documentation. Please call for assistance if needed 206-433-1835. Thank you.