



City of Gig Harbor
3510 Grandview Street
Gig Harbor, WA 98335
Phone: (253) 853-8251
E-mail: utilities@gigarborwa.gov

Application for Utility Rate Discount

1. Applicant must be a customer of the City of Gig Harbor with an established account in his/her name for the previous six months.
2. Applicant must be 62 years of age or older or an individual with disabilities.
3. Applicant must complete the income worksheet.
4. Applicant must reapply annually in the month of April to ensure they continue to meet the program criteria.
5. Must be a permanent, year-round resident in the City of Gig Harbor's service territory, as opposed to a seasonal, part-time, or vacation resident. To qualify as a permanent resident, you must reside at the service address for a minimum of 300 days per year and receive mail locally all year.
6. Only the applicant's primary meter will qualify for the discount. Pump services and rental houses shown in the applicant's name do not qualify.

I swear, under the penalties of either civil or criminal perjury, that I have **READ, UNDERSTAND, AND MEET ALL OF THE ABOVE CRITERIA**. I understand that if at any future date I no longer meet the criteria, it is my obligation to let the City of Gig Harbor know. I consent and agree that the City of Gig Harbor may verify and confirm the above if deemed necessary. The Social Security Administration and the Internal Revenue Service are authorized to release any income information from their files.

Name	Social Security Number	
Age	Birthdate	Driver's License Number
Address		
Telephone Number	Email Address	
Utility Account Number		

Signature: _____ Date: _____

Age or identification confirmed by the City of Gig Harbor: _____

City of Gig Harbor Employee



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Utility Rate Discount Annual Income Worksheet

Annual income must include all individuals who live in the residence.

1. Number in household _____
2. Salary and Wages.....\$_____
3. Unemployment Compensation.....\$_____
4. Welfare Benefits.....\$_____
5. Industrial Injury Benefits.....\$_____
6. Social Security Benefits.....\$_____
7. Gifts, Grants, and Contributions.....\$_____
8. Interest (all sources).....\$_____
9. Dividends.....\$_____
10. Pensions and Annuities.....\$_____
11. Retirement Benefits.....\$_____
12. Capitals Gains.....\$_____
13. Deductible Losses\$_____

(Health care premiums, non-reimbursed amounts paid for prescription drugs, goods and services received by in-home care, items such as oxygen, special needs furniture, life alert, etc.)

***Total Annual Disposable Income.....\$_____**

*Total Annual Disposable Income means adjusted gross income as defined in the Federal Internal Revenue Code, as amended prior to January 1, 1980, plus all of the following items to the extent they are not included in or have been deducted from gross income; capital gains, amount deducted for loss, amounts deducted for depreciation, pension and annuity receipts, military pay and benefits, veterans benefits, federal social security act and railroad benefits, dividend receipts, and interest received on state and municipal bonds.



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Utility Rate Discount Additional Requirements

In addition to meeting the income guidelines, the applicant **MUST** submit copies of the following:

- **Social Security Card**
- **Proof of Age**
- **Copy of Previous Year's Federal Tax Return** (if filed)
- **Past Three (3) Months of Income Verification**
- **Proof of Health Care Premiums Paid**
- **Proof of Disability** (if applicable)

Social Security Card

We must have a copy of the Social Security Card or another official document showing the social security number (not handwritten) for all individuals who live within the household.

Proof of Age

Either a current driver's license, birth certificate, social security statement, etc. must be shown for the individual applying.

Federal Tax Return

A copy of the previous year's Federal Tax Return is required. In the event a Federal Tax Return was not filed due to income received, then three consecutive month's bank statements are required.

Income Verification

Verification of all income received over the past three months is required. (Copies of retirement statement, social security payment, medical coupons, or any source of income received over the previous three months. For example, if you are applying during the month of December, copies of income are needed for September, October, and November.)

Proof of Health Care Premiums Paid

Examples may be paid receipt from insurance provider, cleared check, bank statement or policy information.

Proof of Disability (provide only one)

- VA Service-Connected or Dependency and Indemnity Compensation (DIC/CPDS) Award Letter stating date of disability and rating.
- Social Security Award Letter reflecting date of disability award.
- A completed Proof of Disability Statement if you have not been awarded Social Security Disability Benefits or VA Disability Benefits.