The City of Lacey offers a discount rate on utility services for customers who qualify as low-income and disabled, and low-income senior citizens. This rate applies to residential customers only. Discount rates are 50% of the standard utility rate for Water, Sewer, and Stormwater. Once you qualify for this program, the discount rate will become effective on your next billing cycle.

Eligible customers must meet the income guidelines listed below, and in addition provide either proof of age if over 62, or proof of disability if under 62. For the purpose of our discount rate, low-income is defined as 50% below the median family income for Thurston County.

Combined annual household income must be less than the amount listed below:

<table>
<thead>
<tr>
<th>Person(s) per household:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$25,050</td>
<td>$28,600</td>
<td>$32,200</td>
<td>$35,750</td>
<td>$38,650</td>
<td>$41,500</td>
<td>$44,350</td>
<td>$47,200</td>
</tr>
</tbody>
</table>

Along with your completed application, the following items **Must** be attached:

**Proof of age (if over 62)**
- A copy of driver’s license or birth certificate

**Proof of permanent disability (Provide one of the following if under 62)**
- Social Security award letter
- Letter from doctor/physician stating permanent disability
- Veterans disability award Letter

**Proof of income**
Eligibility is determined by the **household** income received by you, your spouse, your children and any non-family members who live in the household. **Total** household income may not exceed the above guidelines.

Income includes **all** sources, whether or not they are taxable for federal income tax purposes. Some of the most common sources of income include:

- Social Security benefits
- Wages, salaries, and tips
- Retirement benefits, IRA’s, capital gains
- Unemployment benefits
- Veterans benefits
- Disability benefits
- Welfare, food stamp benefits
- Child Support
- Interest and dividend receipts
- Business Income (depreciation and losses may **not** be deducted)
- Rental Income (depreciation and repairs may **not** be deducted)
Once you qualify for the Discount program, to remain eligible, you must renew your application every two years. The median income amounts for eligibility will be adjusted annually.

For assistance in completing this application, please contact the Utility Billing Department at (360) 491-5616.

**UTILITY DISCOUNT APPLICATION**

Utility Service Account No: ____________________________________________________________

Name: ____________________________________________________________________________

Service Address: _____________________________________________________________________

Mailing Address: _____________________________________________________________________

Phone Number: _____________________________________________________________________

Age: __________ Date of Birth: __________________________________________________________

Household Residents:

Name: ____________________________________________________________________________ Age: ______

Name: ____________________________________________________________________________ Age: ______

Name: ____________________________________________________________________________ Age: ______

Name: ____________________________________________________________________________ Age: ______

Name: ____________________________________________________________________________ Age: ______

Name: ____________________________________________________________________________ Age: ______

Name: ____________________________________________________________________________ Age: ______

Name: ____________________________________________________________________________ Age: ______

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct with no omissions. I also understand and agree the City shall have the right to periodically check for compliance with these conditions.

__________________________________________  _________________________
Signature                                      Date