



**CITY OF LACEY**  
Utility Department  
420 College St SE  
Lacey, WA 98503-1238  
(360) 491-5616

## **UTILITY DISCOUNT APPLICATION**

(Water and Sewer Service)

The City of Lacey offers a discount rate on utility services for customers who qualify as:

- ❖ Low income **AND** disabled

**OR**

- ❖ Low income **AND** over 62.

This rate applies to residential customers only. Discount rates are 50% of the standard utility rate for Water, Sewer, and Stormwater. Once a customer qualifies for this program, the discount rate will become effective on the next billing cycle and must be renewed every two (2) years in order to maintain qualification.

The combined annual household income must be less than the amount listed below\*:

<b>Members of household:</b>	<b>Combined Household Income</b>
(1)	\$ 25,050
(2)	\$ 28,600
(3)	\$ 32,200
(4)	\$ 35,750
(5)	\$ 38,650
(6)	\$ 41,500
(7)	\$ 44,350
(8)	\$ 47,200

\*The income amounts for eligibility are updated annually

Along with your completed application, please include the following items:

- ❖ **Proof of income for all members of household (required)**
  - A copy of each members most recent tax return
  - or
  - Yearly social security statement (if you are not required to file taxes and this was the only income). **Bank statements are not accepted as proof.**
- ❖ **Proof of identification and age**
  - (usually in the form of driver's license or state issued ID)
- ❖ **Proof of disability in the form of:** (per City of Lacey ordinance 1241)
  - Social Security disability statement
  - Veterans disability award Letter

*For assistance in completing this application, please contact Utility Billing at 360-491-5616.*



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Utility Account Number: \_\_\_\_\_

Name \_\_\_\_\_  
*(Last Name) (First Name)*

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(if different from service address)*

Telephone Number: \_\_\_\_\_

Number of residents in household: \_\_\_\_\_

Please list names and ages:  
(List any additional on a blank page)

Dependent?

Employed?

_____	Yes___ No___	Yes___ No___
_____	Yes___ No___	Yes___ No___
_____	Yes___ No___	Yes___ No___
_____	Yes___ No___	Yes___ No___
_____	Yes___ No___	Yes___ No___
_____	Yes___ No___	Yes___ No___
_____	Yes___ No___	Yes___ No___
_____	Yes___ No___	Yes___ No___

**DECLARATION OF COMBINED TOTAL YEARLY HOUSEHOLD INCOME**

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

- Total Social Security benefits for all members of household \$ \_\_\_\_\_
- Total Federal Civil Service, Railroad or Military Retirement \$ \_\_\_\_\_
- Total wages, salaries, tips and consulting fees \$ \_\_\_\_\_
- Total retirement benefits, IRA's, pensions and annuities \$ \_\_\_\_\_
- Total unemployment benefits and public assistance \$ \_\_\_\_\_
- Veterans benefits \$ \_\_\_\_\_
- Disability benefits \$ \_\_\_\_\_
- Interest and dividend receipts \$ \_\_\_\_\_
- Business Income (depreciation and losses may **not** be deducted) \$ \_\_\_\_\_
- Rental Income (depreciation and repairs may **not** be deducted) \$ \_\_\_\_\_
- All other income \_\_\_\_\_ \$ \_\_\_\_\_
- Less amount paid directly to nursing home for care of spouse  
or amount paid for in home care. \$ \_\_\_\_\_

**TOTAL COMBINED YEARLY INCOME FOR ALL HOUSEHOLD MEMBERS**

\$ \_\_\_\_\_

**Please remember to include proof for all the income listed above. Failure to provide will cause a delay and/or possible denial of application.**

**I (we) declare under penalty of perjury under the laws of the State of Washington, the foregoing is true and correct. Verification of any of the information contained in this application may be obtained from any source named herein.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CITY USE**

Documentation reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Application approved by: \_\_\_\_\_ Date \_\_\_\_\_