



**City of Yelm**  
105 Yelm Ave. W., Yelm, WA 98597  
Phone: (360) 458-3244 Fax: (360) 458-4348  
[www.ci.yelm.wa.us](http://www.ci.yelm.wa.us)

Date Received:

For City Use Only

## Reduced Residential Utility Rate Application

### 13.14.010 Rate Reduction - Established

A. From and after March 1, 2018, the monthly base utility charges for water, sanitary sewer, stormwater and surface water of any utility subscriber of the city meeting the eligibility and qualification requirements of this Chapter shall be reduced by 50% (fifty percent).

### 13.14.020 Rate reduction – Eligibility.

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A. To be eligible for the water service charge reduction in this Chapter, a subscriber shall:

1. Be a single person, 65 years of age or older, who is retired and whose income from all sources whatsoever does not exceed the median income as established in this section;
2. Be a couple where one partner is 65 years of age or older, whose income from all sources whatsoever combined with the income of the partners does not exceed the median income as established in this section; or
3. Be a permanently disabled head of household whose income from all sources whatsoever does not exceed the median income as established in this section.

B. Median income is the most current Thurston County very low-income figures as established by the U.S. Department of Housing and Urban Development.

C. "Income from all sources whatsoever" includes all earnings, investment income such as dividends and interest, capital gains, benefits, social security benefits, pensions, disability payments, retirement pay and annuities, but does not include reimbursement for losses.

**Proof of income is required.**

**Proof of age is required.**

**The utility account billing must be in the applicant's name.**

**This application is renewable on an annual basis.**

## Reduced Residential Utility Rate Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Applicant #1)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Applicant #2 – spouse/partner)

Address: \_\_\_\_\_  
(Physical Residence)

Owners Name: (If not applicant) \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Mailing)

### COMBINED INCOME DECLARATION FORM

**Report and provide documentation of combined gross annual income for the previous calendar year, regardless of the source.**

- |  |  |                 |
|--|--|-----------------|
| 1.   | Prior Year Federal Tax Return Adjusted Gross Income  | \$ _____        |
| <b><u>OR</u> All applicable items listed below</b> |  |                 |
| 1.   | 100% Social Security for the applicant, spouse, and any co-tenants                             | \$ _____        |
| 2.   | Total Federal Civil Service, Railroad, or Military Retirement                                  | \$ _____        |
| 3.   | Veterans Benefits  | \$ _____        |
| 4.   | Other retirement, pension or annuity received  | \$ _____        |
| 5.   | Total wages, salaries, tips, consulting fees   | \$ _____        |
| 6.   | Total unemployment, public assistance, or disability income                                    | \$ _____        |
| 7.   | Interest on state or municipal bonds   | \$ _____        |
| 8.   | All other interest/dividends received<br>(Savings, real estate contracts, federal bonds, etc.) | \$ _____        |
| 9.   | Income from trusts, royalties, estates   | \$ _____        |
| 10.  | Income from rentals, farm, partnerships or businesses  | \$ _____        |
| 11.  | Capital gains  | \$ _____        |
| 12.  | Any other income<br>Source: _____  | \$ _____        |
|  | <b>TOTAL COMBINED INCOME:</b>  | <b>\$ _____</b> |

Under penalty of perjury, I (We) attest that submitted information is true and correct and that I (We) have reported combined income from all sources. I (We) understand and agree that the City of Yelm shall have the right to periodically check this information for compliance.

Applicant #1: Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2: Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**(For City Use Only)**

**Utility Account #:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Applicant #1 – Verification & Approval**

Age : \_\_\_\_\_ Source Document: \_\_\_\_\_

Income: \$ \_\_\_\_\_

Income Verification:

Federal Tax Return Year: \_\_\_\_\_

Social Security Statement Date: \_\_\_\_\_

Bank Statements Date: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant #2 – Verification & Approval**

Age: \_\_\_\_\_ Source Document: \_\_\_\_\_

Income: \$ \_\_\_\_\_

Verification:

Federal Tax Return Year: \_\_\_\_\_

Social Security Statement Date: \_\_\_\_\_

Bank Statements Date: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_