

CITY OF CASHMERE

APPLICATION FOR UTILITY RATE DISCOUNT  
FOR LOW-INCOME DISABLED PERSONS

PLEASE PRINT OR TYPE:

HEAD OF HOUSEHOLD \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ NO. IN HOUSEHOLD \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**INCOME STATEMENT:** PLEASE PROVIDE PROOF OF COMBINED ANNUAL GROSS INCOME OF PERSONS LIVING AT THIS ADDRESS:

Income Tax Form	\$ _____
W-2 Form	\$ _____
SSI Income Notice	\$ _____
List Other:	
_____	\$ _____
_____	\$ _____
<b>TOTAL COMBINED INCOME</b>	<b>\$ _____</b>

**QUALIFICATIONS:** A person may be considered a low-income disabled citizen if there is a combined household income at or below 125% of the federally established poverty level as stated in RCW 70.164.020(4), and at least one of the following applies:

1. The person is qualified for special parking privileges under RCW 46.16.381(1)(a) through (f) and/or
2. The person is blind as defined in RCW 74.18.020 and/or
3. The person is disabled, handicapped, or incapacitated as defined under any other existing state or federal programs.

1997-1998 income allowed at 125% of federal poverty level:

1 person household	\$10,300.00
2 person household	\$13,825.00
3 person household	\$17,350.00
4 person household	\$20,875.00

**I promise to notify the City of Cashmere if my total household income increases to an amount above the stated allowable level.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED

\_\_\_\_\_  
DATE