CITY OF RICHLAND CUSTOMER SERVICE

625 Swift Boulevard, MS-10 Richland, WA 99352 www.ci.richland.wa.us



APPLICATION FOR UTILITY RATE DISCOUNT

Low-Income definition is used for discounted utility rates for senior and disabled individuals. Completed forms must have income verification completed through Benton Franklin Community Action Committee. Completed applications can be submitted to Customer Service at the above address, or emailed to <u>CustomerService@ci.richland.wa.us</u>.

APPLICANT INFORMATION			
Customer-Account Number:	Customer Number-Ac	count Number	
City of Richland Service Address:	Service Address		
Applicant Name:	Customer Name		
Date of Birth: Social	al Security Number:	Gross Monthly Income:	
Contact Phone Number:	Contact	Email Address:	
I am at least 62 years of age: YES_	NO	I am a disabled individual: YESNO	
If disabled, I have a	ttached a copy of my mos	st recent Social Security Award Letter.	
MEMBERS OF THE HOUSEHOLD			
Name:		Gross Monthly Income:	
Name:	Gross Monthly Income:		
Name:		Gross Monthly Income:	
Name:	e: Gross Monthly Incom		
INCOME VERIFICATION INFORMATION The following items must be taken the each category listed below:		nity Action Committee for income verification from	
	• • • •	statement showing a direct deposit of Social Security or a copy of your most recent Social Security payment	
Proof of Identification & Ag and	e (one of the following): E	Birth Certificate, Driver's License or State Identification;	
3. Proof of Address (two of th	e following): Driver's Licen	se, Washington Identification, or Utility Bill	
	AFFIDA\	<u>/IT</u>	
		al perjury that all gross household income is I on this application are true.	
Signature of Applicant		Date	

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INCOME CERTIFICATION - FOR BENTON FRANKLIN CAC REPRESENTATIVES ONLY

We certify the required information above has been verified, including any accompanying documents, and the gross household income of the applicant's household is below the 125% Federal Poverty Level for the current physical year.

Agency Name:	Benton Franklin Community	Action Committee (BF	:CAC)
Agency Address:	720 West Court Street Pasco, WA 99301		
Agency Phone:	(509)545-4065		
I hereby certify the forego	oing information is correct a	nd I am an authorized	d signatory of the agency.
Date:			
Applicant Name:			
s the applicant eligible for Do they fall under the current t		YES	NO
Agent Full Name:			
Agent Title:		· · · · · · · · · · · · · · · · · · ·	
Signature of Agent:			
Agency Certification Stamp	o/Seal Required:		
		(stamp/seal)	

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APPLICATION FOR UTILITY RATE DISCOUNT

INFORMATION & REQUIREMENTS

QUALIFICATIONS: Qualifications are specified in RMC 3.29.030, RCW 46.16.381, RCW 71.18.020,

and RCW 71.05.202

AUDIT: A verification of your income may be made by the City. Proof of income

should be kept until the term of your current discount has ended.

INCOME REQUIREMENTS: Combined household income at or below 125% of the federally established

poverty level for 2024 is:

HOUSEHOLD SIZE	GROSS MONTHLY INCOME	<u>ANNUAL</u>
1	\$1,568.75	\$18,825
2	\$2,129.17	\$25,550
3	\$2,689.58	\$32,275
4	\$3,250.00	\$39,000
5	\$3,810.42	\$45,725
6	\$4,370.83	\$52,450
7	\$4,931.25	\$59,175
8	\$5,491.67	\$65,900

For households larger than 8 add \$560.42 monthly or \$6,725 per person annually.

INCOME DEFINITION:

Gross income is all money, wages, and salaries, but not including rent or food in lieu of wages. There are no allowable deductions. Income includes but is not limited to: Social Security & Veteran's benefits, unemployment & worker's compensation, alimony, child support, dividends, interest, rents, royalties, pensions, regular insurance or annuity payments, periodic receipts form estates or trusts, regular support from someone not living in the household, public assistance, and other financial aid grants.

Income does not include: capital gains, tax refunds, proceeds from the sale of property, house or car, gifts, lump sum inheritance, one-time insurance payments, employee fringe benefits, and employer-paid health insurance.

FILING PERIOD:

Applications for low-income utility rate discounts are accepted year-round and are valid for two years from the date the completed application was received by the City of Richland. Applicants who are eligible to receive the discount must re-apply every two years to continue their discount.