



# City of Gold Bar

## Senior / Disability Discount Application

All information provided to the City shall remain confidential.

**QUALIFICATIONS:**

- A. Be a owner or renter of a single-family residence, within the city limits; and
- B. Be at least sixty-two (62) years of age at the time of filing their reduced rate application; or
- C. Be at least fifty-five (55) years of age and disabled; and
- D. Have the water account in the owner/occupants name; and
- E. Have an income no greater than nineteen thousand three hundred dollars (\$19,300.00) for a single person household and twenty-two thousand fifty dollars (\$22,050.00) for a household of two (2) or more in the calendar year preceding the year in which the application for a reduced rate is made.

**DOCUMENTATION IS REQUIRED. Any change in income status, which would change discount eligibility, must be promptly reported to City Hall.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City / State \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of residence: Single family dwelling \_\_\_\_\_ Mobile Home \_\_\_\_\_ Duplex \_\_\_\_\_

Other, Please explain: \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_

	All Gross Income	Claimant	Spouse	Co-tenant #1	Co-tenant #2	Co-tenant #3
A.	Wages					
B.	Social Security					
C.	Retirement Bonds, Pension & Annuities					
D.	Interest & Dividends					
E.	Investment Income					
F.	Gift & Inheritance					
G.	All Other Income					
	Total Income:					

Total combined income for 20\_\_\_\_ \$ \_\_\_\_\_

**THIS CLAIM IS SUBJECT TO AUDIT BY THE CITY OF GOLD BAR**

I, or each of us, (if joint filing) apply for exemption on the above-described property, and certify the following:

- 1) This property is my principal place of residence.

- 2) I am the owner or renter of the residence and pay the utility bill for the above listed service address upon which this application is filed, and
- 3) I am 55 and disabled (requires documentation) or 62 years of age or older on or before the date when this application is filed.
- 4) Total income for this household does not exceed nineteen thousand three hundred dollars (\$19,300.00) for a single person household and twenty-two thousand fifty dollars (\$22,050.00) for a household of two (2) or more in the calendar year preceding the year in which the application for a reduced rate is made.

Any person willfully giving false information on this application shall be subject to the perjury laws of the State of Washington, any exemption granted through erroneous information shall be subject to the correct billing being assessed for the period commencing on the month in which the reduced rate was granted, and including all months which follow up to the date of discovery plus a penalty not to exceed 20%.

I swear under the penalties of perjury that all of the foregoing statements are true. I agree to provide documentation of age, income and residency upon request and I authorize the City to verify this information through direct inquiry with the source agencies.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Spouse or Other Resident

\_\_\_\_\_  
Attest: City Clerk – Treasurer

\_\_\_\_\_  
Attest: Mayor (If under hardship circumstances)