

INCOME-BASED DISCOUNT APPLICATION

1. Account Holder Information

Name(s): _____ Account No: _____

Service Address: _____ Port Townsend, WA, 98368

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone no. 1: (____) _____ Phone no. 2: (____) _____ Email: _____

2. Household Information

1. Including yourself, how many people live in your household? ____ (adults) + ____ (children) = ____ (total members)
2. List each household member name, date of birth, and annual gross income (if applicable) calculated from page 2. Income documentation is required for anyone age 18 and older.

Name(s) of all household members, including account holder	DOB	Annual Gross Income
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Total Income: \$ _____

3. Required Documentation

- ☐ 1. Copy of Account Holder identification (Driver's licence, Passport, or Birth Certificate).
- ☐ 2. Completed Income Worksheet for each household member age 18 or older (see page 2)
- ☐ 3. Required documentation from Income Worksheet for each household member age 18 and older (see page 2)

4. Declaration

I declare under penalty of perjury under the laws of the State of Washington that all of the statements on this application are true. Any false statement on this form will result in a loss of eligibility and could be subject to a maximum fine of \$1,000. IF MY APPLICATION IS APPROVED, I WILL NOTIFY THE UTILITIES OFFICE IMMEDIATELY OF ANY CHANGES TO THIS INFORMATION THAT COULD AFFECT MY ELIGIBILITY STATUS. If I do not report a change in any of the above statements or conditions that would disqualify me for the discount, I agree to pay back all discounts that I was not eligible for. If this application is challenged for any reason, I agree to sign a release that will allow the City to verify the information on this application with the Internal Revenue Service or other sources.

Signature: _____ Date: _____

For Office Use Only Below This Line

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

Application Approved: Yes: ☐ No: ☐ Discount: _____ Start Date: _____ End Date: _____

Income & Documentation Worksheet

Each household member age 18 and older is required to fill out this form and include requested documentation. Make additional copies as necessary. Include this form with your application along with supporting documentation. You may also include a written statement to explain any circumstances or source of income.

Name _____

1. Do you have a current certification letter from either of the following? (circle answer)

LIHEAP/OLYCAP: Yes No

DSHS Food Assistance: Yes No

If you selected “Yes” on one or both of the above, please submit: **Copy of current certification letter(s)**. You do not need to respond to any of the below questions if you have one of these letters as no further documentation is required. If you selected “No” on both, please proceed to the next question.

2. Do you file taxes? (circle one): Yes No

If you selected “Yes” to the above: Please include a copy of your most recent **tax return (1040 + all schedules)**. 2024 return is accepted until April 15, 2026; after that, submit your 2025 return.

If you selected “No” to the above: Please include a copy of **3 months of bank statements for ALL accounts including all transactions** (please include descriptions of any deposits if not clear on statement) and then proceed to question 3.

3. Please fill out the below income calculator to determine your annual income. Please note we consider gross income from all of the following income types. **If any income noted below is not shown on your tax returns or bank statements, please submit additional documentation showing proof of gross income.** Once you have a total annual income, note it along with your name on page 1, section 2.

Income	Monthly	Annual
Earnings / Wages		
Self-Employment or Business		
Unemployment		
Workers’ Comp.		
Social Security		
Trust Income		
Pension Income		
Retirement		
Survivor Benefits		
Veteran’s Benefits		

(continued)

Rental Income		
Royalty Income		
Capital Gains		
Investment		
Dividends		
Disability Benefits		
Alimony / Child Support		
Misc. Income		
TOTAL INCOME	Monthly:	Annual: