



# INSTRUCTIONS FOR FILLING OUT YOUR UTILITIES REBATE APPLICATION

The City of Auburn offers reduced utility rates to seniors 62 years of age or older and customers who are permanently disabled as verified by a physician and whose annual gross income level does not exceed the amounts listed on the Utility Rebate Application. You can also use this form to apply for a discount on Comcast basic cable TV service. To apply, please follow the instructions below and submit all required documents.

## Applying for Utility Rebate as a Senior:

- Applicant must have the property rental lease in their name and be living at the residence.
- Applicant must be 62 years of age or older.

**OR**

## Applying for Utility Rebate as Permanently Disabled:

- Applicant must have the property rental lease in their name and be living at the residence.
- Applicant must be permanently disabled as determined by a physician; subject to verification.

*First time applicants must submit the Affidavit for Claim of Disability form.*

*Doctor must complete the form and provide a signature and office stamp on the form OR submit a letter on doctor's letterhead confirming disability with the form.*

## Step #1 Complete 2019 Application For Utility Rebate form:

Provide all information and sign application.

## Step #2 Submit Proof of Identity:

Copy of valid Washington State Driver's license, Passport, Permanent Resident Card or State Identification Card, showing picture, address and date of birth.

## Step #3 Submit Verification of Residency form:

Must be filled out and signed by owner or property manager.

## Step #4 Submit Proof of 2018 Income\* for EACH individual living in household

*(Any person 18 years and older – For example: children, relatives, friends, caregiver, etc.):*

**Submit Tax Return** - All pages of return are required along with copies of income sources (see examples below):

- Wages (W-2)
- SSA or SSI Benefits letter
- DSHS Benefits letter (submit all pages)
- Retirement or Pension
- IRA or Annuity Distributions
- Interest or Dividend (Schedule B)
- Business
- Capital Gains
- Rental
- Trust, Partnership, Estate or Royalty
- Unemployment
- Child Support or Alimony
- VA Benefit or Disability
- L & I Payment Statement
- Cashed Bonds, Life Insurance
- Any other sources(s) of income

***\*Include all your sources of income even though not all income may be used to calculate household gross income.***

## Step #5 Submit your application by May 31, 2019:

**Mail to:** City of Auburn  
Utility Billing  
25 W Main St  
Auburn WA 98001

**Email:** [Utilities@AuburnWa.gov](mailto:Utilities@AuburnWa.gov)

**Bring to:** Customer Service Center  
Utility Billing  
1 East Main Street - 2nd Floor,  
Auburn WA 98002

**Fax:** 253-876-1900



# 2019 APPLICATION FOR UTILITY REBATE RATE EXEMPTIONS – ORDINANCE NO. 5361

Mobile Home Park or Apartment Name		
Applicant(s) Name	Phone Number	
Address	Zip	
Driver's License or ID Card <i>(Submit copy with application)</i>		

**The undersigned certifies, subject to the penalties of perjury, that:**

- The property lease or rental agreement is in my name, I live at the resident address listed above and receive water, sewer, storm, and/or garbage services.
- I am at least:  62 years of age OR  \*Permanently disabled  
*\*Persons applying for the disability rebate for the first time must have their physician complete and submit the Affidavit for Claim of Disability form; subject to verification.*
- I am a Veteran with a VA determined, 100% service-connected disability.  
*(Submit copy of VA award letter with application).*
- There are \_\_\_ residents living in the household. Please list names, date of birth, and relationship to you in the box below.

Name	Date of Birth	Relationship to You

- I am **NOT** receiving additional utility allowances or rent subsidies from another governmental agency (HUD Section 8, King County Housing, etc).
- The **combined total gross income** from myself and all adults 18 years and older in the household from **January - December 2018** does not exceed the following 2019 HUD Income Limits:  

<b>Gross Income Limits:</b>					<b>Household Gross Income:</b>
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	\$ _____
\$38,750	\$44,300	\$49,850	\$55,350	\$59,800	

*All income documents must be submitted with application. See Instructions for Filling Out Application.*
- As part of its cable franchise, the City of Auburn negotiated a discount on Comcast **basic** cable TV service for eligible subscribers. I understand that I will not be eligible for the discount if I am receiving any promotional offer or my services are incorporated into a value package offer (Example: Cable TV, internet and/or phone services combined).  
**Comcast Cable account #:** \_\_\_\_\_ *(Submit copy of Comcast bill with application).*
- I hereby apply for the rebate and certify under the penalties of law that to the best of my knowledge all statements as marked on this form are true.

Signature	Date
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<b>COA INFORMATION ONLY</b>			
Date Received _____	Approved By: _____	Date: _____	
Received By: _____	Denied By: _____	Date: _____	
Counted: _____	Logged: _____	<input type="checkbox"/> Renewal	<input type="checkbox"/> New <input type="checkbox"/> Sent to Comcast

# 2019 UTILITY REBATE PROGRAM RESIDENCY VERIFICATION FORM



## To be filled out by Property Manager

### Apartment / Mobile Home Park:

Name \_\_\_\_\_

Address \_\_\_\_\_

### Applicant Name(s) on Lease:

Name(s) \_\_\_\_\_ Unit # \_\_\_\_\_  
\_\_\_\_\_

### The undersigned certifies, subject to the penalties of perjury, that:

1. The Applicant(s) listed above has/have THE RENTAL AGREEMENT OR LEASE IN THEIR NAME(S) at the address and unit number indicated above.
2. The Applicant(s) has/have lived at the property above for \_\_\_\_\_ month(s) during the months of May 1, 2018-April 30, 2019.

### Property Management or Owner:

*(Photocopied signatures will not be accepted.)*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_