



City of Chelan

135 E Johnson Ave.
P.O. Box 1669
Chelan, Washington, 98816

(509) 682-4037
Fax (509) 682-8009

2023 LOW INCOME SENIOR / DISABLED APPLICATION FOR UTILITY RATE REDUCTION

NAME _____
(LAST) (FIRST) (MIDDLE)

UTILITY ACCT. NO. _____ PHYSICAL ADDRESS _____

STATE OF WASHINGTON)

) ss

AFFIDAVIT AND CLAIM

County of Chelan)

_____, being first duly sworn, on oath deposes and states:

That I hereby make the following claim for low-income senior/disabled utility rates in the city of Chelan, Washington, pursuant to Chelan Municipal Code Chapter 13.32, and all statements contained herein are true to the best of my knowledge and belief:

A. My mailing address is _____ and my
Telephone number is (____) _____

B. Check the applicable boxes below:

- ☐ I own and I occupy this property situated in the city of Chelan, Washington.
- ☐ I am 62 years of age or older.
- ☐ I am a permanently disabled person and am unable to pursue an occupation because of physical or mental impairment. **My disability is evidenced by the attached doctor's signed statement (only required for the initial request for this reduction).**
- ☐ I do not reside in federally subsidized housing.

C. Check one of the boxes below:

- ☐ I am a **single person** with an income from all sources for the preceding calendar year of less than **\$27,900**. This income figure includes all earned income as well as retirement income, social security/disability benefits (SSA 1099), investment income, interest income, capital gains and net rental income from real estate.
- ☐ I am **married** and our income from all sources for the preceding calendar year was less than **\$31,850**. This income figure includes all earned income as well as retirement income, social security/disability benefits (SSA-1099), investment income, interest income, capital gains and net rental income from real estate.

Signature of Applicant

SIGNED AND SWORN to before me this _____ day of _____, 20_____

Signature of
Notary Public

My appointment expires _____

.....
OFFICE USE ONLY: Age _____ Income _____ Source of Income _____

Approved by _____ Date _____