



City of Renton Utility Billing

Application for Reduced Utility Rate

AND/OR UTILITY TAX REBATE FOR LOW-INCOME SENIOR CITIZENS

SUBMIT COMPLETE APPLICATION AND ALL REQUIRED DOCUMENTS TO: City of Renton Utility Billing
1055 S Grady Way
Renton, WA 98057

Name:	Service Address:
Email:	Mailing Address:

Do you receive a City of Renton utility bill?

Yes Utility Billing account #: _____

No See Utility Tax Rebate section

I am the: Property Owner
 Registered Tenant

Move in date: _____

Phone #: _____

Parameters for the Reduced Rate programs

For low-income senior citizens:

- The reduced rate program is for City of Renton residents that are 61 years of age or older, and the annual gross income for the household is less than \$84,850.
 - An allowance of \$5,000 is granted for each additional individual.
- The affidavit may be renewed:
 - Property owners - every two (2) years
 - Registered tenants – annually (1) year, or when requested by City of Renton staff
- The subsidy is for City of Renton services only. King County sewer is exempt from this program.

Utility Tax Rebates:

- A rebate on the utility tax may be available for qualified residents of the City of Renton who do not directly receive a City of Renton utility bill.
- Application packets for the utility tax rebate are accepted annually between **April 15 – June 15**.
- The required application, documents, and eligibility parameters are the same for the reduced rate program and require annual renewal.
 - *Proof of residency must also be submitted in the form of a current electric/gas, cellphone, or insurance statement.**
- Rebate check amount will vary depending on the current CPI-W annual average percentage rates and are pro-rated for occupancy of less than one year.
- Rebate checks are mailed out in the fall once all applications submitted during the acceptance period have been processed and requests are approved by finance administration.

OFFICE USE ONLY

Initial and continue to next page



City of Renton Utility Billing

Application for Reduced Utility Rate

AND/OR UTILITY TAX REBATE FOR LOW-INCOME SENIOR CITIZENS

REQUIRED: ONE ITEM FROM EACH CATEGORY TO PROVE ELIGIBILITY & RESIDENCY

*DO NOT cut or alter documents in any way.

*Documents submitted with redactions, whiteout, or on paper smaller than 8.5"x11" are not submissible and will be returned unprocessed.

*DO NOT submit any other documents not requested

Applicant Name	Age*	Proof of Identity and Residency	Income Verification
		<input type="checkbox"/> Current WA Driver's License or ID card <input type="checkbox"/> Passport with proof of Residency	<input type="checkbox"/> Current 1040 Tax Return <input type="checkbox"/> Last 2 months of all bank statements from all bank accounts in their entirety
*Under age 61? Supply proof of permanent disability with one of the following:		<input type="checkbox"/> Social Security Award Letter <input type="checkbox"/> Other state or federal program approval letter	
Name of Resident 2	Age*	<input type="checkbox"/> Current WA Driver's License or ID card <input type="checkbox"/> Passport with proof of Residency	<input type="checkbox"/> Current 1040 Tax Return <input type="checkbox"/> Last 2 months of all bank statements from all bank accounts in their entirety
Name of Resident 3	Age*	<input type="checkbox"/> Current WA Driver's License or ID card <input type="checkbox"/> Passport with proof of Residency	<input type="checkbox"/> Current 1040 Tax Return <input type="checkbox"/> Last 2 months of all bank statements from all bank accounts in their entirety
Name of Resident 4	Age*	<input type="checkbox"/> Current WA Driver's License or ID card <input type="checkbox"/> Passport with proof of Residency	<input type="checkbox"/> Current 1040 Tax Return <input type="checkbox"/> Last 2 months of all bank statements from all bank accounts in their entirety
Name of Resident 5	Age*	<input type="checkbox"/> Current WA Driver's License or ID card <input type="checkbox"/> Passport with proof of Residency	<input type="checkbox"/> Current 1040 Tax Return or <input type="checkbox"/> Last 2 months of all bank statements from all bank accounts in their entirety

AFFIDAVIT

I affirm and promise that if I qualify to receive the reduced utility rates/utility tax rebate that I will promptly notify the City of Renton in writing if I move from the above address, and of any change in my financial condition that disqualifies me from receiving a special utility rate and/or rebate. If it is determined that I am not qualified to receive a special utility rate reduction or rebate, I also promise to promptly repay the City of Renton any utility rate undercharge or a rebate payment made to me prior to that determination.

I agree to provide the City of Renton, or its duly authorized representative, additional information about my income and/or residence, as may be requested from time to time. I also confirm that I have provided documentation to verify my eligibility and household income from all sources and I declare under penalty of perjury that the information on this application is true and complete.

Signature: _____

Name: _____

Date: _____