



Customer Service Center 500 N Pearl Street, Centralia, WA 98531
Phone: (360) 330-7657 Fax: (360) 330-7593
Email: csc@cityofcentralia.com

Low Income Senior Citizen or Low Income Totally Disabled Discount Application

Applicant #1 (Print): _____ **Date of Birth:** _____

Applicant #2 (Print): _____ **Date of Birth:** _____

Service Address: _____ **Account #:** _____

Applicant #1 Phone Number: _____ **Applicant #2 Phone Number:** _____

MY TOTAL HOUSEHOLD INCOME FOR THE CURRENT YEAR:

Social Security Income \$ _____

Wages Salaries & Unemployment \$ _____

Railroad Retirement \$ _____

All Other Retirement Income \$ _____

Federal Civil Service \$ _____

Disability Income \$ _____

Interest Income & Dividends \$ _____

Net Income from Rental Income \$ _____

Gift, Trust, or Estate Income \$ _____

Income from any Other Source \$ _____

“Low Income Senior Citizen” shall mean a person who is 62 years of age or older.

“Low Income Totally Disabled” shall mean any person who has been classified as totally disabled by the Social Security Administration.

HOUSEHOLD GROSS INCOME CANNOT EXCEED THE ANNUAL SUM OF \$30,000.

The term “income” as used herein shall mean gross income as defined in Section 61(a) of the Internal Revenue Code of 1954, plus any and all Social Security retirement and/or disability payments, Railroad Retirement Board Pension and/or disability payments and payments received from any other pension, retirement, profit sharing and disability plans and unemployment compensation. The City of Centralia follows RCW Chapter 84.36.383 to determine the income threshold for qualified applicants.

It is required by City of Centralia ordinance that the applicant or applicants reside in a single-family dwelling.

PLEASE ATTACH PROOF OF INCOME FROM ALL SOURCES.

PLEASE READ: I will notify the City of Centralia Utilities Customer Service Center of any changes in income or living circumstances that affect my eligibility for utility discounts.

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

Approved by (CSC Staff): _____ Date: _____

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