



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

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

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

City & Zip Code: _____ **Phone #:** _____

My income for the year 20_____, including the income of my spouse/co-tenant(s) was:

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

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.

"Low income senior citizen" shall mean a person who is 62 years of age or older and whose total income, including that of his or her spouse or co-tenant, does not exceed the sum of \$30,000 annually from January 1 through December 31 of each year.

"Low income totally disabled" shall mean any person who has been classified as totally disabled by the Social Security Administration and whose total income, including that of his or her spouse or co-tenant, does not exceed \$30,000 annually from January 1 through December 31 of each year.

PLEASE ATTACH A COPY OF YOUR CURRENT SOCIAL SECURITY AWARD LETTER FOR INCOME VERIFICATION.

It is required by ordinance that the applicant resides in a single-family dwelling.

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.

Signature: _____ Date: _____

Approved By: _____ Date: _____

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