

**2017 APPLICATION – CITY OF HOQUIAM  
LOW INCOME/SENIOR RESIDENTIAL RATE**

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This application is being made for services at \_\_\_\_\_

- |  | CHECK                    |                          |
|--|--------------------------|--------------------------|
|  | <u>YES</u>               | <u>NO</u>                |
| 1. I am at least sixty-five (65) years of age.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I currently reside at the address listed above and it is my principal residence.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I expect to continue living full-time at the address listed above.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I receive a utility bill from the city of Hoquiam in my own name, my spouse's name, or landlords name for the address listed above. | <input type="checkbox"/> | <input type="checkbox"/> |

**IF YOU ANSWERED ANY OF THE ABOVE QUESTIONS WITH  
A "NO" PLEASE EXPLAIN ON THE BACK OF THIS FORM.**

5. The total number of people living in my home or apartment, including myself is: \_\_\_\_\_
6. The annual total funds available (income) from all sources to all people living in my residence is: \$\_\_\_\_\_

I swear under the penalties of either civil or criminal perjury that all of the above information is true. I consent and agree that the City of Hoquiam may verify and confirm the above, if deemed necessary.

**PLEASE ENCLOSE A COPY OF YOUR 2016 INCOME  
FOR VERIFICATION**

This can include a copy of your 2016 Social Security statement or any other source of income.

City of Hoquiam  
Utility Account # \_\_\_\_\_ Name \_\_\_\_\_

Dated \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ City/Zip \_\_\_\_\_

Applicant Signature \_\_\_\_\_  
AGE AND IDENTIFICATION  
CONFIRMED BY (witness): \_\_\_\_\_