

**2018 APPLICATION – CITY OF HOQUIAM
LOW INCOME/SENIOR RESIDENTIAL RATE**

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 2017 INCOME
FOR VERIFICATION**

This can include a copy of your 2017 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): _____