

# TOWN OF COULEE CITY

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## Application for Utility Rate Discount

To apply for the discount in rate for water and sewer, complete this application in full and return to city hall, including proof of all household income for the previous year. Any incomplete applications, or failure to provide income, may be denied.

The income limits established by the Department of Housing and Urban Development for Grant County will determine if you qualify for a rate reduction. The discounted rate will be applied to the next full billing period. **This application must be completed annually to verify continued eligibility.**

Please read the following carefully, false statements or omitted information for the purpose of obtaining benefits will result in denial of rate discount and may be prosecuted.

- I am a Senior Citizen of at least **65 years of age** and/or
- I am **permanently** and totally **disabled** by a condition permanently incapacitating me from performing work at any gainful occupation. (*Attach Social Security determination letter if applicable.*)
- I am applying for a discount to utility services used for residential purposes.
- I am the **head of the household** requesting a utility rate discount.

Head of Household/ Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Service Location: \_\_\_\_\_ Account No.: \_\_\_\_\_

The number of people residing in my home is: \_\_\_\_\_

Household Members	DOB	Income

For the \_\_\_\_\_ calendar year, I/we had a total household income from **all** sources of \$\_\_\_\_\_.  
*Attach proof of income from all sources. Include income for all persons over the age of eighteen residing in your home.*

**I declare under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct.**

Signed at Coulee City, Washington, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Applicant's Signature**

*A copy of the code providing for utility rate discounts is available upon request at city hall.*

**FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE**

**Income verified by:** \_\_\_\_\_ **Eligible:** \_\_\_\_\_ **Next Review Date** \_\_\_\_\_