



FINANCE DEPARTMENT  
Sirke Salminen, Finance Director  
(360) 354 - 2829

## Low-Income Senior Discount Application

Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Service Location Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Number of people living at this address: \_\_\_\_\_  Owner  Tenant\*

\*If the applicant is a tenant then the property owner must attest that the full benefit of the low-income senior discount will be passed on to the applicant.

All applications for Low-Income Senior Discount must include proof of age and household income. Below are suggestions for documents which are acceptable as verification of age and/or income.

- Social Security Benefit Statements
- Last Year's Federal Tax Return
- Proof of Senior Exemption for Property Tax from Whatcom County Assessor's Office
- Driver's License or Birth Certificate (To Verify Age)

Total Annual Household Income received from all sources for **everyone living in the home:**

\$ \_\_\_\_\_

*The documents used to verify your income will be destroyed after verification. All information provided will remain confidential. City records are subject to the Washington Public Records Act RCW 42.56*

I certify that I am currently \_\_\_\_\_ years of age and that the information I have provided is true and accurate. I agree to provide necessary information requested to approve this application. I agree to inform the City of Lynden's Finance Department if I no longer qualify to receive reduced rates. I will notify the Finance Department if I move from this address, sell, or transfer ownership of my home.

I understand that that the information provided is subject to audit and investigation by the City of Lynden. I also understand that if I receive reduced rates without meeting the qualification guidelines, I will be required to pay back the discount received. I accept these terms and acknowledge the City may amend the policies governing the Low-Income Senior Discount program at any time.

Any person who knowingly makes a false claim on this application is guilty of a misdemeanor and may be punished for it. That person will also be ineligible for the Low-Income Senior discount.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Owner Verification

I \_\_\_\_\_, property owner of \_\_\_\_\_  
Property Owner's Name Property Address  
understand my tenant \_\_\_\_\_, is applying for a low-income  
Tenant's Name  
senior discount. I attest that the full benefit of the low-income senior discount will be passed on to my renter. I understand LMC Ordinance No. 940 states whether a property is owner or tenant occupied, all property owners will be responsible for the payment of water, sewer and any other city charges assessed against any property of which they are owner.

### For Official Use Only

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_