



**City of Stanwood**  
10220 270<sup>th</sup> Street NW  
Stanwood, Washington 98292  
(360) 629-2181 Fax: (360) 629-3009

### Reduced Utility Rate Application Form 2021

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

Service Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Account #: \_\_\_\_\_ Service Location: \_\_\_\_\_

Are you currently 62 years of age or older?                      YES                      NO

Are you disabled?    YES                      NO

(See definition on following sheet. Documentation of disability is required.)

Name of person who provides the principal financial resources of this household \_\_\_\_\_.

Name of each person residing in your household.

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

What was your **total** household income in 2020? \$ \_\_\_\_\_

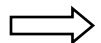
List sources of income (*Be sure to include interest income, pensions, social security, home occupation income and money contributed from other household members.*):

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

Comments: \_\_\_\_\_

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

Continue on other side



**Please notify the city of Stanwood immediately of any changes in eligibility**

I hereby swear and affirm, under penalty of perjury that the information on this application is true and correct to the best of my knowledge and belief.

I have attached verification of income and/or disability documentation, including Internal Revenue Service tax return if available.

**\*Initial if no IRS tax return filed** \_\_\_\_\_.

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

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**City Use Only**

Account No. \_\_\_\_\_ Effective Billing month \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

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

\_\_\_\_\_  
Accounting Manager

\_\_\_\_\_  
Date