



City of Tonasket

P.O. Box 487, Tonasket, WA 98855

(509) 486-2132 ♦ Fax 486-1831
E-Mail: utilityclerk@tonasketwa.gov

APPLICATION FOR LOW-INCOME SENIOR CITIZENS

Applicant Name: _____

Street Address: _____ Account # _____

Mailing Address: _____

Social Security Number: _____ Date of Birth: _____

List Sources of income (yearly)

_____ \$ _____

_____ \$ _____

Total amount of disposable income: \$ _____

Spouse/Co-tenant name: _____

Social Security Number: _____ Date of Birth: _____

List Sources of income (yearly)

_____ \$ _____

_____ \$ _____

Total combined disposable income: \$ _____

I hereby certify under penalty of perjury under the laws of the State of Washington that the above information submitted to the City of Tonasket in application for low-income senior citizen's utility rate reduction is true and correct. I further understand that I must be 65 years of age and have a combined yearly income of \$30,000 or less to qualify.

Signature of applicant _____ Date: _____

Signature of Spouse/Co-tenant _____ Date: _____