



## DISCOUNT RATE PROGRAM 2016 PROGRAM YEAR

### APPLICANT INFORMATION (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address if different from above:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fife Public Utilities Account # \_\_\_\_\_

Number of residents in household: \_\_\_\_\_

Please list names and ages:  
(List any additional on a blank page)

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

Dependant?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Employed?

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

Do you rent at this address or own? \_\_\_\_\_

If you are a renter, who is the owner? \_\_\_\_\_

**DECLARATION OF COMBINED TOTAL YEARLY HOUSEHOLD INCOME**

- Total Social Security for all members of household \$ \_\_\_\_\_
- Total Federal Civil Service, Railroad or Military Retirement \$ \_\_\_\_\_
- Veterans benefits \$ \_\_\_\_\_
- Other retirements, pensions and annuities \$ \_\_\_\_\_
- Total wages, salaries, tips and consulting fees \$ \_\_\_\_\_
- Total unemployment and public assistance \$ \_\_\_\_\_
- All other interest received \$ \_\_\_\_\_
- Total gross income from trusts, royalties, estates and dividends \$ \_\_\_\_\_
- Total gross income (less sale of residence for reinvestment in new residence) \$ \_\_\_\_\_
- All other income \_\_\_\_\_ \$ \_\_\_\_\_  
(List source)
- Less amount paid directly to nursing home for care of spouse or  
Amount paid for in home care \$ \_\_\_\_\_

**TOTAL COMBINED YEARLY INCOME FOR ALL HOUSEHOLD MEMBERS \$ \_\_\_\_\_**

**Please remember to include proof for all the income listed above. Failure to provide will cause a delay and/or possible denial of application.**

**I (we) declare under penalty of perjury under the laws of the State of Washington, that my (our) household income and disability status (if applicable) are true and correct. Verification of any of the information contained in this application may be obtained from any source named herein.**

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

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