



DISCOUNT RATE PROGRAM 2021 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 _____