



CITY OF BLACK DIAMOND

Physical Address: 24301 Roberts Drive
 Mailing Address: PO Box 599
 Black Diamond, WA 98010

Phone: (360) 851-4500
 Fax: (360) 851-4501
www.ci.blackdiamond.wa.us

2020 LIFELINE UTILITY DISCOUNT APPLICATION

Applicant Name		Utility Account No.	
Applicant Address		Email	Phone

For Applicants that rent or lease please complete the following Landlord information

Check box if you Rent/Lease* <input type="checkbox"/>	Name of Landlord/Owner		
Property or Business Name		Phone	Email

*Rent or Lease applicants also need a Resident Verification form completed by Property Manager or Owner for a multi-family, Mobile Home Park, Apartment, Duplex or ADU.

The undersigned certifies, subject to the penalties of perjury, that:

- I live at the resident address listed above and receive water, sewer, or stormwater.
- I am: 62 years of age or older OR I am receiving in-home kidney dialysis OR I am disabled or I am the parent/guardian of a disabled minor OR I am a Veteran with a VA determined, 100% service-connected disability.
- There are ____ residents living in the household.
- Please list names, gross income, age, and relationship to you in the box below.

Name	Gross Income	Age	Relationship to You

5. **Combined Household Gross Income:** \$ _____

6. The **combined total gross income** from myself and all adults 18 years and older in the household from **January - December 2019** did not exceed the following 2019 HUD Income Limits:

Gross Income Limits: *All income documents must be submitted with application.*

1 Person	2 Persons	3 Persons	4 Persons	5 Persons
\$56,200	\$64,200	\$72,250	\$80,250	\$86,200

7. Changes in Circumstances: In the event that I am no longer qualified for the discount or if I move from this address, I agree to promptly notify the City of Black Diamond of any such change. I hereby apply for the discount and certify under the penalties of law that to the best of my knowledge all statements as marked on this form are true.

8. By checking this box, I affirm that our household liquid assets are less than \$50,000

Signature	Date
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CITY OF BLACK DIAMOND INFORMATION ONLY			
Date Received _____	Approved By: _____	Date: _____	
Received By: _____	Denied By: _____	Date: _____	
Counted: _____	Logged: _____	<input type="checkbox"/> Renewal <input type="checkbox"/> New	Annual Gross Income: _____