



# 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](http://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, Annual gross income, age, and relationship to you in the box below.

Name	Gross Annual Income	Age	Relationship to You
			Applicant
			Spouse

- Total Annual Combined Household Gross Income: \$ \_\_\_\_\_
- 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 2020 HUD Income Limits:  
**Gross Income Limits:** *All income documents must be submitted with application.*

1 Person	2 Persons	3 Persons	4 Persons	5 Persons
\$66,700	\$76,200	\$85,750	\$95,250	\$102,900

- 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.
- 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: \_\_\_\_\_  Renewal  New Annual Gross Income: \_\_\_\_\_