

City of Poulsbo 200 NE Moe Street Poulsbo, Washington 98370-7347

360-394-9881 www.cityofpoulsbo.com

Reduced Rates Application

Utility Billing	Cemetery
Acct #:	

Customer Information	1							
Name & Date of Birth Physical Address: Mailing Address (if difference City, State, Zip: Daytime phone number: Email:								
Household Information	11011110	er of people Adults in household:	+ Children	= Total				
Additional	Household F	hold Residents		n (DOB)				
Income Sources: (Please	provide <u>all</u>	sources of income received	by <u>all</u> residents	s of the household)				
Wages/Salaries	\$	Disability Payments	\$					
Unemployment Benefits	\$	Workers Compensation	\$					
Rental Income	\$	Food Stamps	\$	\$				
Interest/Dividends	\$	Child/Spouse Support	\$	Total Annual				
Social Security, SSI, SSP	\$	Insurance/Legal Settlements	\$	Household Income				
Pension/Private Retirement	\$	Other	\$					
Please attach all the following documents that were issued to you, and any other current resident of the property above. Failure to include necessary documents may result in a denied application. • Latest Federal Tax Forms • Most Current Disability/Unemployment Check Stub • Copy of Driver's License or Other Gov't issued ID Declaration I state that the information I have provided in this application is true and correct. I agree to provide necessary information requested to approve this application. I agree to inform the City of Poulsbo's Finance Department if I no longer qualify to receive reduced rates. I understand that if I receive reduced rates without meeting the qualification guidelines, I will be required to pay back the discount received. I understand that I may be removed, without notice, from the reduced rates program if my account (Utility reduction only) becomes delinquent. I accept these terms and acknowledge the City may amend the rules governing the lowincome program at any time.								
Customer Signature:		Date:						