



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.blackdiamond.wa.us

2023 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

5. Total Annual 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 2021** did not exceed the following 2022 IL's set by HUD April 2021- April 2022. Effective 4-18-22.

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

1 Person	2 Persons	3 Persons	4 Persons	5 Persons
\$66,750	\$76,250	\$85,800	\$95,300	\$102,950

- Changes in Circumstances: If 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	
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: _____