



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

LIFELINE UTILITY DISCOUNT APPLICATION 2021

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 2020** 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

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: _____ ☐ Renewal ☐ New Annual Gross Income: _____