



PLEASE ANSWER THE FOLLOWING QUESTIONS:

YES

NO

Are you currently participating in a low income program? If yes, please list name & phone number of agency offering low income program.		
Agency name & phone number:		
Is this your primary residence?		
Do you pay your water bill to the City?		
Do you pay your sewer bill to the City?		
Do you pay your garbage bill to the City?		
Do you owe the City of Redmond for a Local Improvement District Assessment?		
Do you pay your garbage bill to High Country Disposal?		

**List TOTAL INCOME FROM ALL SOURCES for ALL PERSONS living at this address. (A copy of the prior year Federal Income Tax Return or supporting income documentation is required with all applications.)**

INCOME FROM ALL SOURCES	AMOUNT	(Office Use Only) DOCUMENTATION PROVIDED
Federal Income Tax Return		
Salary/Wages/Tips/Self-Employment Income		
Social Security (including AFDC and welfare)		
Pensions or Annuities		
Interest and Dividends		
Other		

Please sign and date the application.

**BEFORE AN APPLICATION IS REVIEWED, IT MUST BE COMPLETED IN FULL AND ACCOMPANIED BY A COPY OF THE PRIOR YEAR FEDERAL INCOME TAX RETURN OR ANY OTHER SUPPORTING INCOME DOCUMENTATION FOR ALL ADULT PERSONS LIVING AT THE SERVICE ADDRESS. IF NO FEDERAL INCOME TAX RETURN WAS FILED IN THE PREVIOUS YEAR, A SOCIAL SECURITY AWARD LETTER, AFDC OR WELFARE AWARD LETTER OR OTHER SUPPORTING DOCUMENTATION IS REQUIRED. IF OTHER DOCUMENTATION IS NEEDED, APPLICANT WILL BE REQUIRED TO DELIVER SUCH DOCUMENTATION PRIOR TO REVIEW OF THE APPLICATION.**

I hereby certify that all statements contained herein are true to the best of my knowledge, and that I agree to conform to all regulations adopted by the City of Redmond. I understand that any misstatement or omission of material fact in this application may cause forfeiture on my part of all rights to reduce utility rates and may subject me to penalties. I authorize the City of Redmond, at its option, to request verification from any source of information provided in this application.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date