

Date Received_____	Reviewed By_____
Approved_____	Denied_____
If declined, state reason: _____	

**CITY OF REDMOND
SENIOR CITIZEN – HARDSHIP
ELIGIBILITY APPLICATION**

NOTE: The information in this application is for the **CONFIDENTIAL** use of the City of Redmond. If you have difficulty completing this form, please contact us for assistance. The City reserves the right to require proof of income, special hardship or disability.

Age Requirement:

- 1. One person household: 62 or older
- 2. Two person household: At least one person must be 62 or older
- 3. Three person household: Head of household (as defined by IRS) must be 62 or older

Hardship Criteria:

- 1. Unusually high medical expenses
- 2. Housing costs, which are greater than 30% of your income
- 3. Child care expense to permit employment
- 4. Disaster of casualty losses

Documentation to verify hardship must be provided to the satisfaction of the City. Once verified, cost of hardships over which applicant has no control of which could not be anticipated may be subtracted from household income to determine final income and program eligibility.

Please estimate the dollar value of your hardship \$_____

NAME, SERVICE ADDRESS AND PHONE NUMBER OF APPLICANT: (print clearly)

TOTAL HOUSEHOLD INCOME before deductions.

(This means combined income of all persons living in the residence, regardless of age.)

Include all wages, pensions, social security, welfare and all other income.

INCOME ELIGIBILITY REQUIREMENTS

Household Size	Gross Annual Income
1	\$24,713
2	\$28,238
3	\$31,763
4	\$35,288
5	\$38,100
6	\$40,950
7	\$43,763
8	\$46,575

Number of persons living in your residence: _____

List ages of person living at residence

age	age	age	age	age	age	age	age	age	age	age	age

Include a copy of your latest State & Federal tax returns or other proof of income.

I hereby certify that all the above information is true and correct to the best of my knowledge and belief.

DATE: _____ SIGNATURE: _____