

**CITY OF AIRWAY HEIGHTS
ANNUAL APPLICATION FOR REDUCED UTILITY RATES**

Date: _____

Utility Account # _____

The City of Airway Heights offers reduced utility rates to low-income seniors and low-income customers. The program includes both homeowners and renters who live in a residence receiving City of Airway Heights water and/or sewer service and are the listed account holder on the bill.

Name (Print) _____

Street Address _____ Telephone _____

Mailing Address: _____

City _____ ST _____ Zip _____

Email Address: _____

ELIGIBILITY VERIFICATION: The applicant is required to provide proof of membership in a program assisting low-income persons: (*Photo ID also required*)

- | | |
|--|--|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Low-Income Home Energy Assistance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Aid to Families With Dependent Children |
| <input type="checkbox"/> Spokane County Property Tax Exemption | <input type="checkbox"/> State Public Assistance/Welfare |

AHMC §13.14.060 Penalty for false information.

Providing false information to the City in an application for a low-income discount shall forfeit the low-income or disabled citizen's eligibility for future discounts and shall be a misdemeanor. Additionally, the low-income/senior citizen shall be required to repay the amount of any discount received based upon such false information.

_____ **Disabled/Low Income Customer:** I certify that I am 18 years of age or older and I am eligible for reduced utility rates in accordance with AHMC §13.14.050. I understand that I may be required to re-certify my eligibility on an annual basis.

I will notify the City of Airway Heights Finance Department if I move from this address, sell, or transfer ownership of my home or are no longer qualified under one of the above programs.

SIGNATURE: _____ DATE: _____

Completed By the City:

Reviewed Application and Documentation: _____ Date: _____

Comments: _____

Entered into BIAS: _____