

Utility Billing Department
401 S Balsam St.
P.O. BOX 1579
Moses Lake, WA. 98837
(509)764-3719
(509)764-3738 Fax
www.cityofml.com



Low Income Senior Discount Application

Applicant Name: _____ Utility Account#: _____

Spouse: _____ Phone: _____

Address: _____

In order to qualify for reduced refuse rates, I hereby certify to the following:

1. I own or rent my place of residence and the utility account is in my name.
2. My age at the time of submitting this application is sixty-five (65) years or older. (Age of spouse if applicant is not 65 or older. _____)
3. Number of persons in your household (including yourself) _____.
4. The maximum annual household income of all household members does not exceed 125% of federal poverty guidelines. (see table on reverse side.)
5. That I will notify the city in writing if there are any changes in my household status as it relates to the requirements as set forth above.
6. I understand that the application for senior discount must be completed annually with the Utility Department to receive the Senior Discount.

I have attached to this application a copy of my photo ID and documents which verify my household income for 2019.

Applicant's Signature: _____ Date: _____

Full Name of Witness (please print): _____

Witness' Signature: _____ Date: _____

Application Received: _____ Approved _____ Denied _____

Account Updated by: _____ Date: _____

Federal Poverty Guidelines

Number in Household	125% of Poverty
1	\$15,613
2	\$21,138
3	\$26,663
4	\$32,188
5	\$37,713
6	\$43,238
7	\$48,763
8	\$54,288
For each Additional Person, Add:	\$5,525