

**CITY OF GRANITE FALLS
SNOHOMISH COUNTY, WASHINGTON
RESOLUTION NO.2009-02**

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF GRANITE FALLS, SNOHOMISH COUNTY,
WASHINGTON, ADOPTING A 2009 UTILITY RATE DISCOUNT APPLICATION FORM FOR LOW
INCOME SENIOR CITIZEN AND DISABLED PERSONS**

WHEREAS, the City of Granite Falls ("City") adopted Ordinance No. 777-09 on May 20, 2009 amending Chapter 13.16 GFMC and amending Ordinance No. 766-08 and establishing charges for water service within and about the City of Granite Falls and establishing an effective date; and

WHEREAS, the City published Ordinance No. 777-09 in the official newspaper of the City on May 23, 2009; and

WHEREAS, Ordinance No., 777-09 became effective May 28, 2009; and

WHEREAS, the City amended the GFMC section 13.16.258 to read as follows:

Low-Income Senior Citizens or Disabled Persons Discount. For senior citizens with low income or for disabled persons hereinafter defined, the single-family residential unit charge shall be as established for water services at thirty percent less than the current water rates set forth in GFMC 13.16.246.

A. The rate established of seniors is restricted to single-family residences primarily occupied by a senior citizen or senior citizens being 62 years of age or older and having an annual income below fifty percent of the median level as determined by the US Department of Housing and Urban Development for the Seattle/Tacoma/Bremerton area. Discount rate is restricted to minimum residential meter size.

B. To qualify as a disabled person, the disability is defined as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months. To qualify for the disabled discount, said rate is restricted to single-family residences primarily occupied by a disabled person. The discount rates provided for herein are available only upon application, which is required to be updated annually by the customer.

**NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF GRANITE FALLS, WASHINGTON,
DOES HEREBY RESOLVE AS FOLLOWS:**


Section 1 – The Granite Falls City Council hereby approves the 2009 Utility Rate Discount Application for Low Income Senior Citizens & Disabled Persons as attached as Exhibit A and incorporated by reference as if fully set forth.

ADOPTED by the Granite Falls City Council, Snohomish County, Washington, at a regular open public meeting thereof held on the 17th day of June, 2009.

CITY OF GRANITE FALLS


Mayor Lyle Romack

ATTEST/AUTHENTICATED:


Darla Reese, City Clerk

APPROVED AS TO FORM:

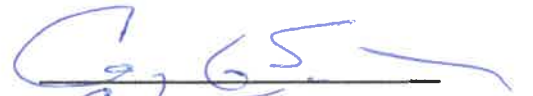

Craig Sheehy, City Attorney



EXHIBIT "A"

**2009 UTILITY RATE DISCOUNT APPLICATION
LOW INCOME SENIOR CITIZENS & DISABLED PERSONS**

Low income senior citizens and low income disabled residents of the city, as defined below, are entitled to receive water services at 30% less than normal rates.

LOW INCOME SENIOR CITIZENS: A household in which the total annual income is below 50% of the median level as determined by the United States Department of Housing and Urban Development for the Seattle/Everett metropolitan area. Shall be restricted to single-family dwelling units primarily occupied by a Senior Citizen being 62 years of age or older and having no more than the allowed income per the chart below. Presently, the maximum annual income levels are set at the limits shown below:

<u>HOUSEHOLD SIZE</u>	<u>INCOME LIMIT</u>
1 Person	\$29,500
2 People	\$33,700
3 People	\$37,950
4 People	\$42,150
5 People	\$45,500
6 People	\$48,900
7 People	\$52,250
8 People	\$55,650

DISABLED PERSONS: Having the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which had lasted or can be expected to last for a continuous period of not less than 12 months. The discount is restricted to single family residential units primarily occupied by a handicapped person having no more than the allowed income per the chart above.

The following information will be used to evaluate requests for discounted utility service rates:

Name: _____ Account #: _____

Street Address: _____

Mailing Address: _____

Telephone #: _____ Age: _____ Birthdate: _____

Number of persons in household (including yourself) _____

TOTAL ANNUAL GROSS INCOME FROM ALL SOURCES: \$ _____

*Total annual gross income is the amount of income of yourself, your spouse, and that of any other tenants living in the home. Some examples of annual gross income include:

- Wages, salaries, and tips
- Interest and dividends
- IRA (individual retirement account)
- Social Security benefits
- Business income
- Pension and annuity receipts
- Governmental assistance

LESS FEDERAL INCOME TAX AND SOCIAL SECURITY TAXES PAID: \$ _____

NET HOUSEHOLD INCOME: \$ _____

AFFIDAVIT: I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

I have attached a copy of my most recent federal income tax return (1040), or Social Security statement, and documentation of disability or age.

Signature of Applicant _____ Date _____

Witness Signature _____ Date _____

FOR OFFICE USE ONLY	
Verification of Income Attached _____	Documentation of Age or Disability Attached _____
This individual:	
<input type="checkbox"/> IS eligible for a utility rate reduction	
<input type="checkbox"/> IS NOT eligible for a utility rate reduction for the following reason: _____	_____
Authorizing Signature _____	Date _____
Routing File copy, Finance _____	