



CITY OF FERNDALE
2095 Main Street ~ PO Box 936
Ferndale, WA 98248

APPLICATION FOR RATE ASSISTANCE PROGRAM

The City of Ferndale offers a rate assistance program to low-income senior citizens and disabled customers on water, sewer and storm drain utilities provided by the City. The rate assistance program includes homeowners and renters. Please call (360) 384-4269, if you have any questions. **Please print clearly using blue or black ink.**

1. APPLICANT INFORMATION:

Name _____ Telephone _____
Physical Address _____
Mailing Address _____
City _____ State _____ Zip Code _____

2. I am applying for the rate assistance program and certify the following: (Please check one box)

- I will be a senior age 61 or older on December 31 of the current filing year with a household gross income of \$35,000 or less for the previous tax year. Submit with application – 2009 IRS Tax Return with schedules and supporting documentation or copy(s) of your W-4 statements from employers
- I am 18 years or older and receiving permanent Social Security Disability payments with a household gross income of \$35,000 or less for the previous tax year. Submit with application– Current (less than three (3) months old) statement of eligibility from the Social Security office.
- I am currently on Whatcom County's Property Tax Exemption Program. Submit with application – Current letter of approval from the Whatcom County Assessor (Skip to Step 5.)

3. Household Gross Income: The total income from all sources of everyone living in the home shall be reported below.

Social Security	\$ _____	Wages/Salaries	\$ _____
Business Income	\$ _____	Pension & Annuity	\$ _____
Interest/Dividends	\$ _____	Rental Income	\$ _____
IRA Distributions	\$ _____	Veterans Benefits	\$ _____
Alimony/Maint.	\$ _____	Other Income	\$ _____

4. IF YOU ARE RENTING: The property owner must complete and sign below.

I, as the property owner, understand I am responsible for the water/sewer and storm drain bill and certify the savings from the rates assistance program will be passed to the renter. I will notify the City of Ferndale within 10 days if this tenant moves from the location named above.

Owner Name _____ Telephone _____
Mailing Address _____
City _____ State _____ Zip Code _____
Signature of Owner _____ Date _____

5. I will immediately notify the City of Ferndale if my household income level changes, disabled status changes, the house sells, or the house is no longer my primary residence.

Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY

Approved by: _____ Date: _____ Account Number: _____
Comments: _____