

CITY OF PRIEST RIVER
P.O. Box 415
552 High Street, Priest River, ID 83856
(208) 448-2123
Fax (208) 448-2232



**SENIOR CITIZEN LOW INCOME
UTILITY RATE DISCOUNT APPLICATION**

Date: _____ Account Number: _____
Property Owner Name: _____ Phone: _____
Service Address: _____
Mailing Address: _____
Age: _____ (Proof will be required on all new applications.)
Annual Income: _____

The applicant, or their spouse, must be the head of the household, and; the applicant, or their spouse, must be at least **65** years of age. Total annual income must include income from all members residing in the household and must include social security payments, retirement income and any income from all other sources. To be eligible for this discount program, the total household income must not exceed **\$19,140**. Proof of income is required. Acceptable proof includes, but is not limited to, your most recent tax return and/or your most recent social security statement.

AFFIDAVIT

I hereby apply for a 10% discount of my water and wastewater utility charges. I swear that the above information is correct and that this discount is requested for my personal residence only. I understand that this request must be renewed each year before April 1st to ensure that this discount will continue without interruption. I further understand that providing false, incomplete or misleading information is a misdemeanor and subject to a fine of up to \$300.00 and/or imprisonment and will result in the removal of my household from this discount program and disqualification of my household from this or any other utility discount program.

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

Applicant Signature: _____ **Date:** _____

**** For Office Use Only ****

Application Received by: _____ Date: _____

- Applicant has supplied sufficient proof of age, if required.
- Applicant has supplied sufficient proof of income not exceeding \$19,140.00, attached.
- Application Approved Application Denied Reason: _____ (FY21)