



P.O. Box 86
Lopez Island, WA 98261
Office Phone – (360) 468-2131 Plant – (360) 468-2724

APPLICATION FOR LOW/FIXED INCOME RATE STATUS

NAME: _____

ADDRESS: _____

HOUSEHOLD ANNUAL INCOME: _____

NUMBER OF HOUSEHOLD MEMBERS: _____

For the purposes of this program, presently (as of September 2024), the income eligibility threshold is based on 150% of the federally established poverty guidelines as follows:

- 1 Person Household: \$22,590
- 2 Person Household: \$30,660
- 3 Person Household: \$38,730
- 4 Person Household: \$46,800
- 5+ Person Household: Use the 4 person rate & add \$5,380 for each additional person

Attached are one of the following documents for verification of financial status:

- DSHS Approval or Re-certification Letter for low income verification
- LIHEAP Award Letter for low income verification
- Supplemental Security Income (SSI) Benefit Verification Letter for fixed income verification

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I certify under penalty of perjury of the laws of the State of Washington that the information contained in this application is complete, true and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information which results in assistance for which I am not eligible.

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Certifico bajo pena de perjurio de las leyes del Estado de Washington, que la información contenida en esta solicitud es completa, veraz y exacta a lo mejor de mi conocimiento. Entiendo que estoy firmando esta solicitud bajo pena de persecución penal si a sabiendas proveo información falsa que se traduce en la asistencia para el que no soy elegible.

Signature of Applicant

Date

APPROVED BY _____ DATE _____