

UTILITY ASSISTANCE REDUCED RATE PROGRAM

2024 Application Form

UTILITY ACCOUNT STATUS Applicants must live within the Lynnwood City limits and must apply/renew each year. To check if you live within Lynnwood City limits, go to https://www.lynnwoodwa.gov/services/do-i-live-in-lynnwood-map. Please indicate which of the following applies to you by marking only one box. ☐ If you receive DSHS TANF or SNAP Benefits If you have a Snohomish County Property Tax Exemption Snohomish County Property Tax Exemption Level: □ A □ B □ C ____ **ACCOUNT HOLDER INFORMATION** The Primary Account Holder for your household is the person whose name is listed on your City of Lynnwood bill. Name Last_______Middle _____ Service Address Street Unit/Apartment # City ZIP Code **Mailing Address** (if different than above) Street_____Unit/Apartment #____ City_____ZIP Code _____ Email address: **Preferred way to be contacted**: ☐ Email ☐ Mail ☐ Phone Call City of Lynnwood Utilities Account #:_____ Or: \(\subseteq\) I do not have a City of Lynnwood Utilities account.

REQUIRED DOCUMENTS

If you receive **DSHS TANF** or **SNAP** Benefits:

- Submit DSHS Proof of Benefits with this application.
- Attach a current copy of your Approval or Recertification letter from DSHS for TANF/SNAP. See bottom left of the DSHS form to confirm you have the correct form. No other DSHS form will be accepted.
- DSHS form letter must be in your name, your address, and show the beginning and end dates of your benefits.
- The end date must be <u>after</u> your application date to be eligible for the City of Lynnwood's Reduced Rate program.
- Application period January 1st December 31st. Renewal period November 1st December 31st.

If you have a **Snohomish County Property Tax Exemption**:

- Submit proof of property tax exemption from the Snohomish County with your application.
- If you need a copy from Snohomish County, call 425-388-3540 or see their website at https://snohomishcountywa.gov/5167.
- Application period January 1st December 31st. Renewal period January 1st December 31st.

☐ This is my first time applying for the Reduced Rate Program. ☐ This is <u>not</u> my first time applying for the Reduced Rate Program and	d I am applying for a renewal.
SIGNATURE	DATE
I am applying for a reduced rate from the City of Lynnwood. I certify the and complete to the best of knowledge. I understand that my applicate me if I do not provide completed forms and all required documentations.	ion will not be processed and returned to
Submit your completed application and required documents t	o:
Mail or In-Person:	
City of Lynnwood – Utility Billing Division	
19100 44 th Ave W, Lynnwood, WA 98036	
Or by email:	
UBDiscounts@lynnwoodwa.gov.	
Please contact us with any questions at 425-670-5170 or at UBDis	<u>counts@lynnwoodwa.gov</u> .
**************************************	***********
Application received by:	
Application and documentation reviewed.	
☐ Rate reduction updated in Customer Account.	