



UTILITY ASSISTANCE REDUCED RATE PROGRAM
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.

Lynnwood Municipal Code 13.20.080 Special utility rates, subsections B, D, and G.
https://lynnwood.municipal.codes/LMC/13.20.080

Please indicate which of the following applies to you by marking only one box:

Owner occupied single or multi family residence with a City of Lynnwood utility account:

- Approved Snohomish County Property Tax Exemption, Level: A B C

Owner or Renter occupied single family residence with a City of Lynnwood utility account:

- Receiving Washington State Assistance - DSHS TANF or SNAP benefits

Owner or Renter occupied single or multi family residence with a City of Lynnwood utility account:

- Medical necessity to utilize large quantities of water

City of Lynnwood Utilities Account #: \_\_\_\_\_

ACCOUNT INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Service Address:

Street: \_\_\_\_\_ City: Lynnwood Zip: \_\_\_\_\_

Mailing Address (if different than above):

Street \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Home Work

Email address: \_\_\_\_\_

Preferred way to be contacted: Email Mail Phone

- New application for the Reduced Rate Program
Renewal application for the Reduced Rate Program

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I am applying for a reduced rate from the City of Lynnwood. I certify that the information I have provided is true and complete to the best of my knowledge. I understand that my application will not be processed if incomplete and if the required documentation is not provided with this application.

**REQUIRED DOCUMENTS**

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

- Submit proof of property tax exemption from the Snohomish County with your application.
- A qualifying resident shall own and occupy the dwelling as their principal residence.
- If you need a copy from Snohomish County, call 425-388-3540 or see their website at <https://snohomishcountywa.gov/5167>.

**Subsection D: 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. This letter must be in your name and show the beginning and end dates of your benefits.
- Applicants shall occupy the residential single unit as their principal residence and provide proof that they reside at the address and are responsible for their city of Lynnwood utility bills.

**Subsection G: If you have a medical necessity that requires large quantities of water:**

- Applicants who require large quantities of water due to medical necessity (i.e., kidney dialysis) and who occupies the property receiving utility services as their principal residence as an owner or renter.
- Confirmation from your medical care provider.

Lynnwood Municipal Code 13.20.080				
Subsection B. Residence with approved Snohomish County property tax exemption				
Application Period	Renewal Period	Single Family Residence	Multifamily Residence	Mobile Home
Any	Jan. 1 – Dec. 31	Owner occupied	Owner occupied	Owner occupied
Subsection D. Residence receiving Washington State assistance				
Application Period	Renewal Period	Single Family Residence		
Any	Nov. 1 – Dec. 31	Owner or Renter occupied		
Subsection G. Residence with a medical necessity to utilize large quantity of water				
Application Period	Renewal Period	Single Family Residence	Multifamily Residence	Mobile Home
Any		Owner or Renter occupied	Owner or Renter occupied	Owner or Renter occupied

**Submit your completed application and required documents to:**

**Mail or In-Person:**

City of Lynnwood – Utility Billing Division  
 19100 44<sup>th</sup> Ave W, Lynnwood, WA 98036

**Or by email:**

[UBDiscounts@lynnwoodwa.gov](mailto:UBDiscounts@lynnwoodwa.gov).

Please contact us with any questions at 425-670-5170 or at [UBDiscounts@lynnwoodwa.gov](mailto:UBDiscounts@lynnwoodwa.gov).

\*\*\*\*\*For internal use only\*\*\*\*\*

**Application received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Application and documentation reviewed.
- Applicant meets qualifications.
- Rate reduction updated in Customer Account.