



# CITY OF TENINO

149 Hodgden Street South  
PO Box 4019  
Tenino, WA 98589  
(360) 264-2368 FAX (360) 264-5772

## Low-Income Senior Application

### OFFICE USE ONLY

Service Address: _____		
Tap Number: _____	Type of Account: _____	# of Units _____

The City of Tenino has implemented a low-income water rate for senior citizens. This rate applies to residential home owners or their tenants, and is based upon age and income. This reduced rate becomes effective immediately after your application has been approved. Along with your completed application the following items must be attached:

- Proof of income. A copy of your tax return for the preceding calendar year or copies of your monthly income.
- Proof of age. Copy of your birth certificate or driver's license.

### OWNER INFORMATION

Property Owner(s): _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____		

### MAILING ADDRESS FOR BILLS AND CORRESPONDENCE

Billing Name(s) _____		
Billing Address _____		
City: _____	State: _____	Zip: _____
Phone: _____	Age of Applicant(s) _____	

**ATTEST:** I (we) declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I(we) also understand and agree that the City shall have the right to periodically check for compliance with these conditions.

Signature: _____	Date: _____
Please Print: _____	
Signature: _____	Date: _____
Please Print: _____	