

City of Lakewood
Utility Tax Relief Worksheet and Application

400:133-1

In order to be eligible for Utility Tax Relief, you must be:

- 62 Years of age** or older at all times during any period for which “reimbursement” is requested

OR

- Be permanently disabled** as defined in subsections (2) or (3) (A), (3) (B) or (3) (C) of 42 U.S.C. Section 13829a) and receiving funds from a disability program such as Supplemental Security Income, Social Security Disability Insurance or Disabled Veterans payments

AND

- Low Income** - Means a household earning less than fifty percent (50%) of the median income level as defined by the U.S. Dept. of Housing and Urban Development for the Seattle-Tacoma area.

AND

- A resident** of the dwelling unit within the City at all times during any period for which a reimbursement is requested, and have contributed to the payment of City utility tax charges from his or her income or resources.

Application Filing Procedures

1. All requests for relief under Sections 3.52.200 and 3.52.210 of the Lakewood Municipal Code (LMC) must be filed with the City of Lakewood - Finance & Information Systems, 6000 Main Street SW, Lakewood, WA 98499.
 - A. Senior citizens must provide a copy of their driver’s license, birth certificate or other proof of age.
 - B. Disabled persons must bring a signed doctor’s statement that states the expected period of disability.
 - C. If requesting a refund, you must provide a copy of the most recent applicable utility bill showing the Lakewood address for service.
 - D. For proof of low income criteria, you must provide the most recent copy of the IRS Tax Return of everyone living in the home in order to verify household income. This information will be kept as confidential and privileged to the full extent permitted by law, whereas, the City and the vendor shall use the information supplied for the purposes of this utility tax reduction only.
 - E. Maximum relief per calendar year is \$30 or \$10 per identified vendor. The identified vendors are: Electric, Natural Gas & Telephone. LMC 3.52.200

2. If requesting the yearly refund, all information listed above applies. Please complete the form below, sign the form and return it and the **required supporting documentation** to City of Lakewood - Finance & Information Systems, 6000 Main Street SW, Lakewood, WA 98499.

Utility Tax Refund Request

Applicant Information		
Name	Phone	
Physical Street Address		
City	State	Zip Code
Mailing Address <i>(if different from physical address)</i>		
City	State	Zip Code

all that applies

Vendor is _____

Relief \$10

Vendor is _____

Relief \$10

Vendor is _____

Relief \$10

TOTAL RELIEF: \$ _____

I declare under penalty of perjury of the laws of the State of Washington that the above information is true and correct. I understand falsification of any documentation required for this refund is cause for denial of this application.

Applicant Signature

Date Signed

Applicant Printed Name