What is the Lifeline Utility Rate Relief Program?

The City of Black Diamond offers utility rate reductions of up to 50% for water, sewer and stormwater charges for qualifying residents.

Do I qualify?

- Applicants must be the head of household at the qualifying residence, and
- Applicants must be a Black Diamond resident and responsible for paying water, sewer and/or stormwater services from the City of Black Diamond, and
- Applicant must be low-income and at least 62 years of age or older, or low-income and permanently and totally disabled, and
- Total household income shall not exceed the limits as set annually by the Federal Department of Housing and Urban Development (income limit table inside)
- Or, if a low-income household includes a home kidney dialysis patient, a water only rate discount is available.

2016 – 2017 Application

You may qualify for discounted utility rates!

Lifeline Utility Rate Relief Program

Updated April 2016
Annual gross income is the income of yourself, your spouse, and that of any other tenants living in the home. Some examples of annual gross income include:

- Wages, salaries, and tips
- Interest and dividends
- IRA (individual retirement account) withdrawals
- Gross Social Security benefits (before deductions)
- Business income
- Pension and annuity receipts
- Governmental assistance

Citizens who wish to apply for the Lifeline discount program should complete the application in this brochure, attach the appropriate documentation and return the form in person, fax or by mail to the Finance Office at Black Diamond City Hall. For those that are already on the program, a new application is needed each year by the May 31st due date. Documentation includes a copy of a driver’s license or birth certificate for proof of age; a copy of the most recent tax return, social security annual statement, or annual retirement statement for proof of income; a copy of disability payments from SSI (Supplemental Security Income) or SSDA (Social Security Disability Act income) and a signed and dated copy of a physician’s statement of permanent disability for disability requests (with contact info) and for kidney dialysis patients. All documentation is subject to City of Black Diamond verification. Insufficient documentation is an automatic disqualification.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Maximum Annual Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>48,550</td>
</tr>
<tr>
<td>2</td>
<td>55,450</td>
</tr>
<tr>
<td>3</td>
<td>62,400</td>
</tr>
<tr>
<td>4</td>
<td>69,300</td>
</tr>
<tr>
<td>5</td>
<td>74,850</td>
</tr>
<tr>
<td>6</td>
<td>80,400</td>
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<tr>
<td>7</td>
<td>85,950</td>
</tr>
<tr>
<td>8</td>
<td>91,500</td>
</tr>
</tbody>
</table>

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If I have additional questions whom should I call?
Black Diamond Utility Billing
360-886-5700

This Lifeline Application can be printed at [www.ci.blackdiamond.wa.us](http://www.ci.blackdiamond.wa.us) Go to the Finance Page

2016-2017 City of Black Diamond Lifeline Program Annual Application

Name: _____________________________________
Address: ___________________________________
__________________________________________
Account number: _______________________________
Telephone number: ____________________________

Please check the appropriate boxes:
- Owner  - Renter
- Disabled  - Kidney dialysis

Age: ______ Date of Birth: _____________________

Number of people living at this address: __________

Annual gross income: __________________________

I certify, subject to full penalties of perjury, that:
I am the head of household receiving utility services from the City of Black Diamond and my household income does not exceed the maximum HUD criteria for the current year.
The number of people living at my household is accurate and I am providing copies of original documentation confirming all sources of my household’s income, age and/or disability.

Signed __________________ Dated __________

This application is strictly confidential and will not be released. Due date is May 31st each year to enroll in the Lifeline program.

For City Use Only

Verified: ______________ Date: __________
Age: __________ Income: ________________

VIS: Date: __________ Initial: __________

Please be sure to attach copies of qualifying documentation to this application.