

ACCOUNT NO. _____

NAME:

STATE OF WASHINGTON)

)

COUNTY OF CLALLAM)

_____, being duly sworn upon oath, deposes
and says:

That the affiant hereby makes the following claim for the Low-Income Assistance Program for water service with the City of Forks, Washington and all the statements contained herein are true to the best of my knowledge.

- a. My address is _____ and my telephone number is _____.
- b. The utility account is in my name.
- c. I am, or exceed 62 years of age and/or am disabled. (circle the correct answer)
- d. I own/rent my place of residence. (circle the correct answer)
- e. My household has _____ members.
- f. My adjusted gross personal income as defined in Forks ordinance #565 is \$_____, which is at or below the U.S. Department of Health and Human Services poverty guidelines for my household size.

Affiant/Claimant

SUBSCRIBED AND SWORN to before me this _____ day of _____

NOTARY PUBLIC in and for the State of
Washington, residing at _____