



LOW INCOME ASSISTANCE PROGRAM APPLICATION

500 E Division Street, Forks, WA 98331

360-374-5412 ext. 103 forkswashington.org info@forkswashington.org

To apply for the City of Forks Low Income Assistance Program, please fill out the following application. **Do not sign the application until you are able to do so before a certified notary or notary public willing to validate your signature.** Return the signed and notarized application, along with proof of your certified gross income for the year for which you are applying (e.g., Social Security provides a statement of the upcoming year's benefit around the end of the previous year). Applicants must meet the following criteria to be approved.

- ☐ Owner or renter of a single-family residence
- ☐ Water account is in applicant's name
- ☐ 62 years of age and/or disabled
- ☐ Certified gross personal income, as defined by City of Forks Ordinance No. 656, is at, or below, U.S. Department of Health and Human Services poverty guidelines for the household size

CUSTOMER INFORMATION

Name: _____

Physical address: _____

Account no.: _____ Number of people in the household: _____ Own ☐ Rent ☐

Adjusted gross income as defined by City of Forks Ordinance No. 656: \$ _____

Proof of certified gross income supplied ☐

CONFIRMATION/CERTIFICATION

- ☐ I understand that the City of Forks Low Income Assistance Program applies only to the holder(s) of a residential water account with the City of Forks.
- ☐ I understand that this application and any reduction in rates applies only to the water portion of my bill, not the sewer (where applicable) or utility tax portions.
- ☐ I understand that this application and any reduction in rates applies only to the current billing year, and that the application procedure must be repeated annually to continue participation in the Low Income Assistance Program.

Date Print name Applicant signature

Date Location Notary signature