



CITY OF FERNDALE

2095 Main Street ~ PO Box 936
Ferndale, WA 98248

Phone: (360)384-4269 Fax: (360) 384-1163

APPLICATION FOR RATE ASSISTANCE PROGRAM

25% Discount on water, sewer and storm drain utilities provided by the City.

1. APPLICANT INFORMATION:

Name _____ Telephone _____
Physical Address _____
Mailing Address _____
City _____ State _____ Zip Code _____
Number of people living in your household _____ + _____ = _____
Adults Children Total

Who is eligible?

Current City of Ferndale customers whose annual gross household income is no greater than specified based on the number of household members (see chart below). **Complete a form 4506-T for everyone in the household over 18 years of age.**

Family Size	Annual Gross Income
1	\$17,655.00
2	\$23,895.00
3	\$30,135.00
4	\$36,375.00
5	\$42,615.00
6	\$48,855.00
7	\$55,095.00
8	\$61,335.00

- OR -

Currently be on Whatcom County's Property Tax Exemption Program. Submit a copy of your most recent property tax statement from Whatcom County Assessor's office.

2. HOUSEHOLD MONTHLY GROSS INCOME:

The total income from all sources of everyone living in the home shall be reported below.

Social Security \$ _____ Wages/Salaries \$ _____
Business Income \$ _____ Pension & Annuity \$ _____
Interest/Dividends \$ _____ Rental Income \$ _____
IRA Distributions \$ _____ Veterans Benefits \$ _____
Alimony/Maint. \$ _____ Other Income \$ _____
Total Household Income: \$ _____

3. IF YOU ARE RENTING: The property owner must complete and sign below.

I, as the property owner, understand I am responsible for the water/sewer and storm drain bill and certify the savings from the rates assistance program will be passed to the renter. I will notify the City of Ferndale within 10 days if this tenant moves from the location named above.

Owner Name _____ Telephone _____
Mailing Address _____
City _____ State _____ Zip Code _____
Signature of Owner _____ Date _____

4. I will immediately notify the City of Ferndale if my household income level changes, disability status changes, the house sells, or the house is no longer my primary residence. I understand shall my income level exceeds the qualification level my participation will be cancelled. I also understand I will be required to renew my application annually.

Signature of Applicant _____ Date _____

NOTICE

Documents sent to the city will not be returned.
The discount will be reflected on bills after eligibility is verified and will not be applied retroactively.

FOR OFFICIAL USE ONLY

Approved by: _____ Date: _____ Account Number: _____
Comments: _____