CITY OF AUBURN | 25 W MAIN ST, AUBURN, WA 98001 | P 253-931-3038

INSTRUCTIONS FOR FILLING OUT YOUR UTILITIES DISCOUNT APPLICATION

The City of Auburn offers reduced utility rates to seniors 62 years of age or older and customers who are permanently disabled as verified by a physician and whose annual gross income level does not exceed the amounts listed on the Utility Discount Application. You can also use this form to apply for a discount on Comcast basic cable TV service. To apply, please follow the instructions below and submit all required documents. **Utility Discount customers are required to re-apply the following year in May.**

Apply for Utility Discount as a Senior:

- Applicants must have the city utility account in their name and be living at the residence.
- Applicant must be 62 years of age or older

OR

Apply for Utility Discount as Permanently Disabled:

- Applicants must have the city utility account in their name and be living at the residence.
- Applicant must be permanently disabled as determined by a physician, subject to verification.
  First time applicants must submit the Affidavit for Claim of Disability form.
  Doctor must complete the form and provide a signature and office stamp on form OR
  Submit a letter on doctor's letterhead confirming disability with the form.

Step #1 Complete 2026 Application for Utility Discount form:

Provide all information and sign application.

Step #2 Submit Proof of Identity:

Copy of valid Washington State Driver's license, Passport, Permanent Resident Card or State Identification Card, showing picture, address, and date of birth.

Step #3 Submit Proof of 2025 Income* for EACH individual living in household

(Any person 18 years and older – For example: children, relatives, friends, caregiver, etc.):

Submit 2025 Tax Return – All pages of tax return are required along with copies of income sources (see examples below):

- Wages (W-2)
- SSA or SSI Benefits letter
- DSHS Benefits letter (submit all pages)
- Retirement or Pension
- IRA or Annuity Distributions
- Interest or Dividend (Schedule B)
- Business, Rental, Capital Gains
- Trust, Partnership, Estate or Royalty
- Unemployment
- Child Support or Alimony
- VA Benefit or Disability
- L & I Payment Statement
- Cashed Bonds, Life Insurance
- Any other sources(s) of income

Include all your sources of income even though not all income may be used to calculate household gross income.

Step #4 Submit your application:

Mail to: City of Auburn – Utility Billing
25 W Main Street
Auburn WA 98001

In-Person: Customer Service Center
1 E Main Street, 2nd Floor

Email: utilities@auburnwa.gov

Questions? Call Utility Billing Customer Service at 253-931-3038, Mon-Fri, 8:00am to 5:00pm.

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2026 APPLICATION FOR UTILITY DISCOUNT RATE EXEMPTIONS – ORDINANCE NO. 5361

Name on Account	Utility Account No.
Applicant Name	Phone Number
Address	Zip Code
Driver's License or ID Card (Submit copy with application)	Email

The undersigned certifies, subject to the penalties of perjury, that:

1. The city utility account is in my name, I live at the resident address listed above and receive water, sewer, storm, and/or garbage services.
2. I am at least: ❑ 62 years of age OR ❑ *Permanently disabled
   **Persons applying for the disability discount for the first time must have their physician complete and submit the Affidavit for Claim of Disability form; subject to verification.*
3. ❑ I am a Veteran with a VA determined 100% service-connected disability.
   (Submit copy of VA award letter with application).
4. There is a total of ____ residents living in the household (including yourself).
   List of people living in the household (do not include yourself).

Name	Date of Birth	Relationship to You

5. I am **NOT** receiving additional utility allowances or rent subsidies from another governmental agency (HUD Section 8, King County Housing, etc.).
6. The **combined total gross income** from myself and all adults 18 years and older in the household from **January - December 2025** does not exceed the current HUD Income Limits:

   Gross Income Limits:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons
$55,000	$62,850	$70,700	$78,550	$84,850

   Household Gross Income: $_____

   All income documents must be submitted with application. See Instructions for Filling Out Application.
7. As part of its cable franchise, the City of Auburn negotiated a discount on **Comcast Basic Cable TV service (only)** for eligible subscribers. I understand that I will not be eligible for the discount if I receive any promotional offer or my services are incorporated into a value package offer, (Example: Cable TV, internet and/or phone services combined).
   Comcast Cable account #: _____ (Submit copy of Comcast bill with application).
8. **Changes in Circumstances**: If I am no longer qualified for the discount or if I move from this address, I agree to promptly notify the City of Auburn of any such change. I hereby apply for the discount and certify under the penalties of law that to the best of my knowledge all statements as stated in this form are true.

Signature	Date

COA INFORMATION ONLY

Date Received _____ Approved By: _____ Date: _____

Received By: _____ Denied By: _____ Date: _____

Counted: _____ Logged: _____ ❑ Renewal ❑ New ❑ Sent to Comcast