LYNNWOOD WASHINGTON
ADMINISTRATIVE SERVICES

CITY OF LYNNWOOD
19100 44TH AVE W • PO BOX 5008
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2016 APPLICATION FOR SPECIAL LOW INCOME RATES BASED ON THE WASHINGTON STATE ASSISTANCE PROGRAM'S (TANF) OR (SNAP) LMC 13.20.080 SECTION B

TO QUALIFY FOR THE REDUCED UTILITY RATES PROGRAM YOU MUST MEET ALL OF THE FOLLOWING REQUIREMENTS AND APPLY IN PERSON AT CITY HALL LOCATED AT 19100 44TH AVE W:

☐ OWNER OR ☐ RENTER OF A SINGLE FAMILY RESIDENCE FOR WHICH CITY OF LYNNWOOD SERVICES ARE EXTENDED.

☐ UTILIZE CITY OF LYNNWOOD UTILITY SERVICES FOR RESIDENTIAL/DOMESTIC PURPOSES AND ARE THE RESPONSIBLE PARTY FOR PAYING FOR THESE SERVICES.

☐ PROVIDE PROOF OF IDENTIFICATION

☐ PROVIDE PROOF OF AWARD LETTER FROM THE STATE OF WASHINGTON FOR EITHER THE TANF OR SNAP PROGRAMS. LETTER MUST COVER AT LEAST A PORTION OF THE 2016 YEAR FOR WHICH APPLICANT IS APPLYING FOR HELP.

☐ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) ☐ SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

IF RENTAL PROPERTY UTILITIES WILL NEED TO CONTACT THE OWNER OR PROPERTY MANAGEMENT COMPANY FOR VERIFICATION LETTER CONFIRMING THE NAME OF RENTERS, MOVE IN DATE & LENGTH OF LEASE.

PLEASE PRINT:

LAST NAME | FIRST NAME | M.I.

STREET ADDRESS | CITY | ZIP

HOME PHONE # | CELL PHONE # | EMAIL ADDRESS

SIGNATURE: | DATE:

PUBLIC WORKS DIRECTOR APPROVAL: | DATE: