

CITY OF COVINGTON

2015 LOW-INCOME DISABLED CITIZEN

UTILITY TAX REBATE PROGRAM

Low-income disabled Covington citizens may qualify for a rebate of the Utility Taxes they incurred in 2015.

WHO IS ELIGIBLE? You are eligible **if:**

1. You lived within the incorporated limits of the City of Covington in 2015; and
2. You paid household utilities in 2015 (the utility bills must be in your name); and
3. You have a physical or mental disability as defined below; and
4. The annual gross income of your household in 2015 did not exceed the following:

People in Household	Maximum Annual Income
1	\$46,100
2	\$52,650
3	\$59,250
4	\$65,800
5 or more	Call 253-480-2421

WHAT IS THE DEFINITION OF DISABLED?

A disabled individual is any person unable to maintain gainful employment because of his or her physical or mental disability (i.e., ability to work is diminished because of a physical or mental impairment). Applicants are eligible for a rebate of their utility taxes for the period they were disabled.

WHAT IS "GROSS INCOME OF HOUSEHOLD"?

This is the income received in the 2015 tax year by EVERY member of your household (related or not) who was at least 18 years old. This includes, but is not limited to: **wages, salaries, bonuses, tips, gross amounts of pensions and annuities, retirement benefits, Social Security benefits (SS), life insurance benefits, interest, capital gains, gifts, inheritances, third-party income, and other assets.**

WHAT DOCUMENTS ARE REQUIRED TO PROVE INCOME?

For all members of your household with an income we require:

- A U.S. Individual Tax Return Form 1040 (if one was filed); **or**
- Bank statements for November and December 2015 (if no income tax return was filed); **and**
- A Report of Confidential Social Security Benefits Information (Form SSA-2458) if you or family members receive social security benefits. You may get this form mailed to you by calling the Social Security Information Teleservice Number **1-800-772-1213**. If they are sending you Form SSA-248 ask them to fill in the amount of Supplemental Security Income (SSI) on line 5.

WHAT OTHER DOCUMENTATION MUST BE PROVIDED?

- Fully completed Low-Income Disabled Citizen Utility Tax Rebate Application Form
- Proof of Disability:
 - Proof of social security disability income; **or**
 - Proof of Supplemental Security Income (SSI) for the blind or disabled; **or**
 - Signed physician's certification of physical or mental disability (attached)
- All **original** bills paid in 2015 (for the following utilities only):
 - Gas and/or Electric (such as Puget Sound Energy)
 - Telephone (such as Qwest)
 - Garbage (Republic Services)
 - Cell Phone (Verizon, Qwest, Cingular, AT&T, Sprint, Nextel, etc.)
 - Cable Television (Comcast)

You must include EVERY page of each month's bill so we may determine the amount of the rebate due.

- Please staple or clip all pages of the bill together in order to ensure accurate, prompt processing of your rebate (i.e. all pages of January's phone bill clipped together, all pages of February's phone bill together, etc.). *Failure to submit your invoices in an organized manner may cause significant delays in processing your rebate.*

INCOMPLETE SUBMITTALS WILL BE RETURNED WITHOUT PROCESSING AND MUST BE RESUBMITTED TO OUR OFFICES BEFORE THE APRIL 30, 2016 DEADLINE.

WILL THE CITY RETURN MY INCOME DOCUMENTS AND UTILITY BILLS?

YES! Once your rebate is completely processed all of your original documents (except the application form) will be returned to you. We are happy to mail them to you or you may make arrangements to pick them up at City Hall – whichever you prefer.

WHEN ARE APPLICATIONS ACCEPTED?

Applications for 2015 rebates will be accepted January 4 through April 30, 2016.

QUESTIONS?

We're here to answer questions – and happy to do so! Please contact the City of Covington's Finance Department at 253-480-2421. Our regular business hours are Monday through Friday 8:00 a.m. to 4:30 p.m. However, if we miss your call, please leave a message with your name and phone number and your call will be returned very promptly.

COMMENTS?

Please let us know how we can make this program easier to understand and how we might improve the application process. Please call 253-480-2421 with your comments and suggestions.

CITY OF COVINGTON

2015 LOW-INCOME DISABLED CITIZEN

UTILITY TAX REBATE APPLICATION

1. Applicant Information:

Name: _____ Phone: _____
 Address: _____ Zip Code: _____
 SSN: _____ Last 4 digits only Birth date: _____

List all other people in household. Use additional sheets if needed.

Name: _____ Birth date: _____
 Name: _____ Birth date: _____
 Name: _____ Birth date: _____

2. Documentation:

In support of your application for a utility tax rebate you **MUST** include copies of:

PROOF OF DISABILITY

(choose **ONE** only)

- Proof of Social Security Disability Income; **OR**
- Proof of Supplemental Security Income (SSI); **OR**
- Completed Physician's Certificate of Physical or Mental Disability

PERIOD OF DISABILITY

- I was disabled for all of 2015
- I was disabled for _____ months in 2015

PROOF OF INCOME

(for **ALL** household members with an income)

If you **did** file a 2015 tax return, provide:

- Form SSA-2458 for SSI income; **AND**
- Complete copy of 2015 tax return; **AND**
- Documentation for all other income

OR

If you **did not** file a 2015 tax return:

- Form SSA-2458 for SSI income; **AND**
- Bank statements from Nov and Dec 2015

Provide all documents listed based on your tax filing status

3. Please indicate how you'd like your documents (and rebate check for those who qualify) returned:

- Please mail; **OR**
- Pick up at City Hall

4. Declaration:

I, _____, declare, under penalty of perjury, that all information stated on this form and on the documents I have submitted is true and correct. I further declare that I meet the minimum eligibility requirements of the utility tax rebate program.

This declaration was signed by me this _____ day of _____, 2016.

Signature of Applicant

Location (city, state) Signed

If you are disabled, but do not have other means to verify your disability (proof of social security disability income or proof of Supplemental Security Income) please have your health care provider complete this certificate. Complete either the physical disability certificate **OR** the mental disability certificate based on your circumstance – you are **NOT** required to complete both sections.

PHYSICIAN'S CERTIFICATION
(for citizens with a physical disability)
PLEASE PRINT CLEARLY IN INK.

I hereby certify that I am a licensed physician and that the applicant has the disability listed below:

Physician's Name: _____ Telephone Number: _____
Type of Practice: _____ License Number: _____
Address: _____ City: _____ ZIP: _____
Patient's Name: _____ DOB: _____
Patient's Disability: _____
Period of Disability: From _____ to _____ ("current" or specific date)
Does this disability prevent the patient from regular, gainful employment? YES NO
Comments: _____

Signature _____ Date _____

MENTAL HEALTH PROFESSIONAL'S CERTIFICATION
(for citizens with a mental disability)
PLEASE PRINT CLEARLY IN INK.

I hereby certify that I am a licensed mental health professional and that the applicant has the disability listed below:

Professional's Name: _____ Telephone Number: _____
Agency or Program Name: _____
Address: _____ City: _____ ZIP: _____
Patient's Name: _____ DOB: _____
Patient's Disability: _____
Period of Disability: From _____ to _____ ("current" or specific date)
Does this disability prevent the patient from regular, gainful employment? YES NO
Comments: _____

Signature _____ Date _____