Disabled Citizen

SEND COPIES ONLY

Please do not send your originals.

All paperwork received will NOT be returned.

January 16, 2019

Dear Federal Way Citizen,

We invite you to participate in the Federal Way 2018 Utility Tax Rebate Program. This program is for the City of Federal Way’s low-income seniors and low-income disabled citizens. Our records show that you have either requested an application for the program or have participated in the past. If you wish to have your name removed please contact us and we will be happy to assist you.

Attached you will find the instructions and forms to prove your eligibility, and an application for the Utility Tax Rebate Program. Your name and address are pre-printed on the forms. If they are incorrect, please make the necessary corrections on your application before submitting it to our office.

You may contact us at:

Physical Address and Mailing Address are the same:

 **Federal Way City Hall**

 **Finance Department**

 **Attn: Utility Tax Rebate Program**

**33325 8th Avenue South**

**Federal Way, Washington 98003-6325**

Or

You can reach us on the City of Federal Way Utility Tax Rebate Line, at **253-835-2526**. Our regular business hours are Monday – Friday 8:00 a.m. – 5:00 p.m. However, if we miss your call, please leave us a message with your name and phone number and we will return your call as soon as possible.

Thank you,

Adé Ariwoola

Finance Director

Very low-income disabled Federal Way citizens may apply for a rebate of the utility taxes they paid in **2018**.

**Who is eligible?**

You may be eligible if you can answer **yes to all** of the following questions:

You lived within the incorporated limits of the City of Federal Way in 2018….… YES  NO

You paid household utilities in 2018 (the utility bills must be in your name) …….. YES  NO

You have a physical or mental disability as defined below……………………… YES  NO

The annual gross income of your household in 2018 did not exceed the following: YES  NO

|  |  |  |
| --- | --- | --- |
| **People in Household** |  | **Maximum Annual Income** |
| 1 |  | $37,450 |
| 2 |  | $42,800 |
| 3 |  | $48,150 |
| 4 |  | $53,500 |
| 5 or more |  | Call 253-835-2526 |

**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 may be eligible for a rebate of their utility taxes for the period they were disabled.

**What is Gross Household Income?**

This is the income received in the 2018 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? (PROVIDE PHOTO COPIES ONLY)**

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

* A U.S. Individual Tax Return Form 1040 for 2018 (if one was filed); **or**
* Bank statements for November and December 2018 (if no income tax return was filed); **and**
* Documentation for all sources of income not included in bank statements or on IRS Form 1040; including Social Security Income documentation.

**What other documentation must be provided? (PROVIDE PHOTO COPIES ONLY)**

* Fully completed Low-Income Disabled Citizen Utility Tax Rebate Application Form (Page 5).
* **Copies** of all original bills paid and/or copies of bank statements in 2018:
	+ To prove payments of bills paid in December 2018 provide January and/or February 2019 bills shown as paid or a bank statement proving payment.
	+ **Copies** of bills need to include detailed taxes paid to be eligible for payment.
* Include **copies** of bills for the following utilities only:
	+ Gas and/or Electric; Telephone; Garbage; Cell Phone; Cable Television
	+ Lakehaven Utility District **does not** remit utility tax to the city.

**You must include every page of each month’s bill so we may determine the amount of the rebate due.**

* Please **paperclip** 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 COULD RESULT IN YOUR APPLICATION BEING DENIED AND RETURNED.***

**Incomplete submittals will be returned without processing and must be resubmitted to our offices before the April 30, 2019 deadline.**

**WILL THE CITY return MY INCOME DOCUMENTS AND UTILITY BILLS?**

**No.** Once your rebate is completely processed, all of your documents will be shredded. Please send in COPIES not originals. Please refer to question #3 on the application to indicate if you prefer to have your refund check (if eligible) mailed or if you would like to pick it up at City Hall.

**WHEN SHOULD i EXPECT TO RECEIVE MY TAX REFUND CHECK?**

Rebate applications are processed in the order of which they are received. To expedite your refund, please follow the directions outlined and submit an orderly packet. Incomplete applications will be sent back and delay any potential refund. Due to staff reductions and additional responsibilities, the processing time is expected to take 6 weeks or longer from the time you submit your completed packet.

**WHEN ARE APPLICATIONS ACCEPTED?**

**Applications will be accepted Tuesday, January 2 through Monday, April 30, 2019. Applications received after this deadline will not be processed and will be returned to applicant.**

Applications can be dropped off or mailed to Federal Way City Hall:

**Physical Address and Mailing Address are the same:**

 **Federal Way City Hall**

 **Finance Department**

 **Attn: Utility Tax Rebate Program**

**33325 8th Avenue South**

**Federal Way, Washington 98003-6325**

**QUESTIONS or comments?**

We are here to help you! Please contact the City of Federal Way Utility Tax Rebate Line at 253-835-2526. Our regular business hours are Monday – Friday 8:00 a.m. – 5:00 p.m. However, if we miss your call, please leave a message with your name and phone number and we will return your call.

Thank You!

**2018 Low-Income Disabled Citizen**

Utility Tax Rebate program

**1. Applicant Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Phone: |  |
| Address: |   | Birthdate: |  |
| List all other people in household. Use additional sheets if needed. |
| Name: |  | Birthdate: |  |
| Name: |  | Birthdate: |  |
| Name: |  | Birthdate: |  |

**2. Documentation:**

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

|  |  |
| --- | --- |
| **Proof of Disability (COPIES ONLY)***(choose* ***one*** *only)* | **Proof of Income (COPIES ONLY)***(for all household members with an income)* |
| ❑Proof of Social Security Disability Income; **OR**❑ Proof of Supplemental Security Income (SSI); **OR**❑ Completed Physician’s Certificate of Physical or Mental Disability (see page 7). | If you **did** file a 2018 tax return, provide:❑ 1099 Form for SSI income; **AND**❑ Complete copy of 2018 tax return; **AND**❑ Documentation for all other income**OR**If you **did not** file a 2018 tax return:❑ 1099 Form for SSI income; **AND**❑ Bank statements or Direct Express Card statements for Nov & Dec 2018*Provide COPIES of all documents listed based on* *your tax filing status* |
| **PERIOD OF DISABILITY** ❑ I was disabled for all of 2018❑ I was disabled for months in 2018 |

**3. Please indicate how you’d like to receive your refund check (**for those who qualify)**:**

❑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 , 2019.

 \_\_

 Signature of Applicant Location (city, state) Signed

![MCj04347200000[1]]()

the Following is for office use only:

**Date Received:\_\_\_\_\_\_\_\_\_\_\_**

 **Proof of Income** ❑

**Proof of Disability** ❑

**Original or Copies of Utility Bills** ❑

|  |  |  |
| --- | --- | --- |
| **Applicant’s Income** |  | **Additional Household Income:** |
| **Source** | **Amount** |  | **Source** | **HH Member** |  | **Amount** |
|  Social Security: | **$** |  |  Social Security: |  |  | **$** |
|  Pension | **$** |  |  Pension |  |  | **$** |
|  Annuities | **$** |  |  Annuities |  |  | **$** |
|  IRA Distribution | **$** |  |  IRA Distribution |  |  | **$** |
|  Wages, Tips | **$** |  |  Wages, Tips |  |  | **$** |
|  Interest | **$** |  |  Interest |  |  | **$** |
|  Other - \_\_\_\_\_\_\_ | **$** |  |  Other - \_\_\_\_\_\_\_ |  |  | **$** |
|  Other - \_\_\_\_\_\_\_ | **$** |  |  Other - ­­­­­­\_\_\_\_\_\_\_ |  |  | **$** |
| **TOTAL**  | **$** |  | **TOTAL**  | **$** |

**TOTAL ANNUAL HOUSEHOLD INCOME: $**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gas/Electricity Taxes  | **$** |  | Prepared By: |  |
| Telephone Taxes  | **$** |  | Date: |  |
| Cell Phone Taxes  | **$** |  | Rebate Amount: |  |
| Garbage Taxes | **$** |  | Purchasing Code: 103-0000-000-316-00-000  |
| Cable TV Taxes | **$** |  APPROVED: 🞏 Yes 🞏 NO If no, state why not: |
| **TOTAL TAXES PAID** | **$** |  |  |

Authorization to Pay

Date

Approval Date

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

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