



February 5, 2021

Dear Federal Way Citizen,

We invite you to participate in the Federal Way 2020 Utility Tax Rebate program for low-income disabled citizens. Our records show that you have either requested an application for the program or participated in prior years. This packet includes instructions, eligibility questions to complete, and an application for the program.

Due to Covid 19, City Hall is closed to in-person customer service. However you may call us at 253-835-2506, Monday – Friday 8:00 a.m. – 5:00 p.m.

Thank you,

A handwritten signature in black ink, appearing to read "Adé Ariwoola", with a stylized flourish at the end.

Adé Ariwoola  
Finance Director



**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 2020.....  YES  NO
- You paid household utilities, which are in your name in 2020.....  YES  NO
- You have a physical or mental disability as defined below.....  YES  NO
- The annual gross income of your household in 2020 did not exceed the following:  YES  NO

<u>People in Household</u>	<u>Maximum Annual Income</u>
1	\$41,800
2	\$47,800
3	\$53,750
4	\$59,700
5 or more	Please call 253-835-2506

**WHAT IS 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 2020 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 COPIES ONLY)**

For all members of your household with an income:

- A U.S. Individual Tax Return Form 1040 for 2020 (if one was filed); **or**
- Bank statements for November and December 2020 (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?**

- Fully completed Low-Income Disabled Citizen Utility Tax Rebate Program Application – enclosed.
- **Copies** of utility bills paid in 2020 for the following utilities only:
  - Gas and/or Electric, Telephone, Garbage, Cell Phone, Cable Television
  - For 2020 you are **NOW** eligible to turn in Lakehaven Utility District water bills.
  - You must include **EVERY** page of each month’s bill so we may determine the amount of the rebate. 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 billed clipped together, all pages of February’s phone bill clipped together, etc). **FAILURE TO SUBMIT YOUR BILLS IN AN ORGANIZED MANNER COULD RESULT IN YOUR APPLICATION BEING DENIED AND RETURNED.**



- **Copies** of bills need to include detailed taxes paid to the City of Federal Way to be eligible for payment. For bills that do not have City of Federal Way taxes listed, please contact the utility company for that detail.
  - To prove payment of bills paid in December 2020 provide January and/or February 2021 bills shown as paid or a bank statement proving payment.
- **Please NOTE: Do NOT send original bills. All paperwork received will NOT be returned. Once your rebate is processed, all documents will be shredded. INCOMPLETE SUBMITTALS WILL BE RETURNED AND MUST BE RESUBMITTED BEFORE APRIL 30, 2021.**

**WHEN SHOULD I EXPECT TO RECEIVE MY TAX REBATE CHECK?**

Rebate applications are processed in the order of which they are received. Processing time is expected to take 6 weeks from the time you submit your completed packet.

**WHEN ARE APPLICATIONS DUE?**

**Applications are due Friday, April 30, 2021. Applications received after this deadline will not be processed and will be returned to applicant.**

Since we are closed to in-person customer service due to Covid-19, please **mail** application to:

**Federal Way City Hall  
Finance Department  
Attn: Utility Tax Rebate Program  
33325 8<sup>th</sup> Ave S  
Federal Way, WA 98003-6325**

**QUESTIONS OR COMMENTS?**

We are here to help you! Please contact the City of Federal Way Utility Tax Rebate Line at 253-835-2506. Monday – Friday 8:00 a.m. – 5:00 p.m.

**THANK YOU!**



# 2020 LOW-INCOME DISABLED CITIZEN UTILITY TAX REBATE PROGRAM APPLICATION

**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 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 2020
- I was disabled for \_\_\_\_\_ months in 2020

**PROOF OF INCOME (COPIES ONLY)**

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

If you **did** file a 2020 tax return, provide:

- 1099 Form for SSI income; **AND**
- Complete copy of 2020 tax return; **AND**
- Documentation for all other income

If you **did not** file a 2020 tax return:

- 1099 Form for SSI income; **AND**
- Bank statements or Direct Express Card statements for Nov & Dec 2020

*Provide COPIES of all documents listed based on your tax filing status.*

**3. Please indicate how you would like to receive your check:**

- Please mail refund check to me.
- I will pick up refund check 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 \_\_\_\_\_, 2021.

\_\_\_\_\_  
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 \_\_\_\_\_