CITY OF AUBURN | 25 W MAIN ST, AUBURN, WA 98002 | P 253-931-3038 | F 253-876-1900

CITY OF AUBURN UTILITY DISCOUNT

2018-2019 APPLICATION FOR UTILITY RATE EXEMPTIONS

AFFIDAVIT FOR CLAIM OF DISABILITY

(First Time Applicants Only)

The undersigned certifies, subject to the penalties of perjury, that the applicant meets the following criteria for receiving the exemption for utility services:

"The applicant is **permanently disabled** in that the individual has lost both legs and arms or one leg and one arm, or total loss of eyesight, or is paralyzed or suffering from some other condition **permanently incapacitating** the applicant from ever performing any work at any gainful occupation."

To be completed by Physician Office: (Please Print)

APPLICANT

Name
Address

PHYSICIAN

Business Name
Physician Name
Business Address
Business Telephone

Physician Name (print):_____

Physician Signature:_____

Date:_____

Verification Required:

(Physician office stamp OR letter on office letterhead)