

Federal Way 2016 Utility Tax Rebate Program

Dear Federal Way Citizen,

We invite you to participate in the Federal Way 2016 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 is pre-printed on the forms. If they are incorrect, please make the necessary corrections on your application before submitting them to our office.

You may contact us at:

Physical Address and Mailing Address are the same:

Finance – Federal Way City Hall
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 qualify for a rebate of the utility taxes they paid in **2016**.

WHO IS ELIGIBLE?

You are 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 2016..... YES NO
- You paid household utilities in 2016 (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 2016 did not exceed the following: YES NO

<u>People in Household</u>	<u>Maximum Annual Income</u>
1	\$31,650
2	\$36,150
3	\$40,650
4	\$45,150
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 are 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 2016 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 2016 (if no income tax return was filed); **and**
- Documentation for all sources of income not included in bank statements or on IRS Form 1040.

WHAT OTHER DOCUMENTATION MUST BE PROVIDED?

- Fully completed Low-Income Disabled Citizen Utility Tax Rebate Application Form (Page 5).
- All original or copies of bills paid in 2016:
 - To prove payments of bills paid in December 2016 provide January and/or February 2017 bills shown as paid or a bank statement proving payment.
 - Original or copies of bills need to include taxes paid detail to be eligible for payment.
- Include bills for the following utilities only:
 - Gas and/or Electric; Telephone; Garbage; Cell Phone; Cable Television
 - Lakehaven Utility District **does not** collect city tax

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 returned.*

INCOMPLETE SUBMITTALS WILL BE RETURNED WITHOUT PROCESSING AND MUST BE RESUBMITTED TO OUR OFFICES BEFORE THE APRIL 28, 2017 DEADLINE.

WILL THE CITY RETURN MY INCOME DOCUMENTS AND UTILITY BILLS?

YES! Once your rebate is completely processed, all of your documents will be returned to you (except the application form). We are happy to mail them or you may arrange to pick them up at City Hall – whichever is easiest for you! Please refer to question #3 on the application to indicate which you prefer.

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 3 through Friday, April 28, 2017. 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:

**Finance – Federal Way City Hall
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!

2016 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

(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 (see page 7).

PERIOD OF DISABILITY

- I was disabled for all of 2016
- I was disabled for _____ months in 2016

PROOF OF INCOME

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

If you **did** file a 2016 tax return, provide:

- 1099 Form for SSI income; **AND**
- Complete copy of 2016 tax return; **AND**
- Documentation for all other income

OR

If you **did not** file a 2016 tax return:

- 1099 Form for SSI income; **AND**
- Bank statements or Direct Express Card statements for Nov & Dec 2016

Provide all documents listed based on your tax filing status

3. Please indicate how you'd like your documents (and 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 _____, 2017.

Signature of Applicant

Location (city, state) Signed

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	\$ _____
Telephone Taxes	\$ _____
Cell Phone Taxes	\$ _____
Garbage Taxes	\$ _____
Cable TV Taxes	\$ _____
TOTAL TAXES PAID	\$ _____

Prepared By: _____

Date: _____

Rebate Amount: _____

Purchasing Code: 103-0000-000-316-00-000

APPROVED: Yes NO If no, state why not:

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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