

RESOLUTION NO. 24-1989

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAKE FOREST PARK, WASHINGTON, REPEALING RESOLUTIONS 763 AND 1718 AND REPLACING THEM WITH A RESOLUTION AUTHORIZING A LOW-INCOME DISCOUNT FOR SANITARY SEWER AND STORMWATER RATEPAYERS

WHEREAS, in January 2003, the Lake Forest Park City Council passed Resolution 763, which authorized the Mayor to implement a 50% Low-income Senior Citizen Discount program for sanitary sewer ratepayers; and

WHEREAS, in December 2018, the City Council passed Resolution 1718, which expanded the discount program to low-income persons with permanent disabilities recognized by the Social Security Administration; and

WHEREAS, in the current economic climate, the City Council sees a need to expand the discount program further to include low-income persons regardless of age or disability that are ratepayers of either the City's sanitary sewer service or a stormwater and surface water service.

NOW, THEREFORE, BE IT RESOLVED, by the City Council of the City of Lake Forest Park, as follows:

Section 1. REPEAL. The City Council of the City of Lake Forest Park hereby repeals Resolutions 763 and Resolution 1718.

Section 2. AUTHORIZE LOW INCOME DISCOUNT PROGRAM. The City Council of the City of Lake Forest Park authorizes the Mayor to implement a Low-Income Discount Program (the "Program") for its sanitary sewer ratepayers and stormwater and surface water ratepayers who reside within the City's service area and who qualify under the terms and conditions set forth in this Resolution and that the discount offered shall be equal to a fifty percent (50%) reduction in the ratepayer's bi-monthly residential sewer bill and/or the bi-annual stormwater and surface water bill.

Section 3. QUALIFYING FOR THE PROGRAM. To be eligible for either discount, the ratepayer must (1) have owned and resided at the property for at least one year prior to the date of application and/or renewal; (2) have received less than 50% of the local area median household gross annual income during the previous year, using the official annual income guidelines established by the United States Department of Housing and Urban Development (HUD); and (3) not reside in housing which is in any way considered to be Federally Subsidized Public Housing.

Section 4. PROGRAM APPLICATION. Persons applying for the Program shall be required to complete the applicable City and County forms, which are in substantially the form attached to this Resolution as Exhibits A (Application) and B (Income Filing Form), and must submit the documentary proof that may be required by those forms. Qualification for the Program must be reestablished each year by the qualified ratepayer submitting to the City, no later than by January 31 of each calendar year, evidence that the ratepayer is still qualified for the Program. Proof shall be in the form of the ratepayer's form 1040 for the previous calendar year or such other documentary proof as the City may reasonably require.

Section 5. PROGRAM MODIFICATIONS. The City shall have the power to adopt, modify, amend and/or establish the rules and regulations and conditions under which the Program will be operated and to establish a new and revised discount rate, to be applied to the ratepayers of the City as part of the City's budgetary process each year.

Section 6. CORRECTIONS. The City Clerk is authorized to make necessary corrections to this resolution including, but not limited to, the correction of scrivener's/clerical errors, references, ordinance numbering, section/subsection numbers and any references thereto.

PASSED BY A MAJORITY VOTE of the members of the Lake Forest Park City Council this 14th day of November 2024.

APPROVED:

Thomas French

Thomas French (Nov 16, 2024 13:41 PST)

Thomas French
Mayor

ATTEST/AUTHENTICATED:

Matt McLean

Matthew McLean
City Clerk

FILED WITH THE CITY CLERK: November 8, 2024
PASSED BY THE CITY COUNCIL: November 14, 2024
RESOLUTION NO.: 24-1989

EXHIBIT A

Mayor
Tom French

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Councilmembers
Lorri Bodi
Tracy Furutani
Larry Goldman
Paula Goode
Jon Lebo
Semra Riddle
Ellyn Saunders

2025 Application or Renewal for Low-Income Sewer and Stormwater Discount Program

Please read the entire form before completing. Call us if you have any questions.

Name: _____ Co-Applicant's Name: _____

Property Address: _____ Phone: _____

LFP Sewer Account #: _____ Tax Parcel #: _____

Requirements for Low-Income Discount

1. Owned and resided at property for at least one (1) year prior to date of application and/or renewal.
2. Received less than 50% of the local area median household gross annual income during the previous year:

Persons in Family	Annual Gross Income less than:
1	\$52,700
2	\$60,250
3	\$67,800
4	\$75,350
5	\$81,400

3. Do not reside in housing which is in any way considered to be Federally Subsidized Public Housing.

Please notify the City of Lake Forest Park immediately of any changes in eligibility.

I hereby apply for the City of Lake Forest Park Low-Income Discount as allowed by LFP Resolution 24-1989. By signing below, I do certify under penalty of perjury that to the best of my knowledge, all the information contained herein is true.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

City Use Only

Account #: _____ Approval Date: _____ Effective Billing Month Date: _____ Approved By: _____

Application Denied Date: _____ Reason: _____

List of Acceptable Documents

Proof of Property Ownership (Copy of **one** of the following)

1. Property Tax Statement
2. Property Assessment Card
3. If the mortgage company pays your property taxes, then use a copy of the receipt the mortgage company provides.

Proof of Financial Eligibility (Copy of **one** of the following)

1. IRS Form 1040, most recent submission
2. Completed Income Filing Form (page 3 of this form)
 - Complete ONLY if you DO NOT file a 1040 tax return
 - Report income from all sources (example: Social Security, interest, pension, Retirement, rental income, wages, etc.)
 - Must be signed by applicant and spouse (if married)
3. Form SSA-1099 OR SSA-4926
 - You should receive these each year from Social Security
 - We will need one for you and your co-applicant (if applicable)
 - If you did not receive one, please call the Seattle Social Security office at 1-800-772-1213
 - To obtain a copy, either call or go to the Social Security office:
 - 13510 Aurora Ave N, Suite B Seattle, WA 98133

We only need copies of the documents – PLEASE DO NOT SEND ORIGINALS.

EXHIBIT B

City of Lake Forest Park Low-Income Discount Income Filing Form

Please use this form when your only taxable income was one or more of the sources listed below, and you **DO NOT** file a 1040 form. Enter the amount of 2023 income for each item listed below, IF APPLICABLE

- | | |
|--|----------------------------------|
| 1. Gross Social Security Income | \$ <input type="text"/> per year |
| 2. Gross Income (Wages/Salaries/Tips) | \$ <input type="text"/> per year |
| 3. Gross Dividend Income | \$ <input type="text"/> per year |
| 4. Gross Rental Income | \$ <input type="text"/> per year |
| 5. Gross Taxable Refund (Federal income tax) | \$ <input type="text"/> per year |
| 6. Gross Taxable Interest Income | \$ <input type="text"/> per year |
| 7. Gross Taxable Retirement Income (Pensions, annuities, IRA, distributions) | \$ <input type="text"/> per year |
| 8. TOTAL GROSS INCOME (Add lines 1-7) | \$ <input type="text"/> |

If line 8 is less than the Total Gross Income listed below you should qualify for a discount with the City of Lake Forest Park.

- | | |
|------------------------------|--------------------|
| Single Applicant | \$ 47,950 per year |
| Household of two (2) or more | \$ 54,800 per year |

Print Name

Date

Signature

Print Co-Applicant's Name

Co-Applicant's Signature

People in Household ____