

APPLICANT INFORMATION:

1.

CITY HALL

33325 8th Avenue South Federal Way, WA 98003-6325 (253) 835-7000 www.federalwaywa.gov

UTILITY TAX REBATE PROGRAM APPLICATION

	Name:		Phone:		
	Address:				
	E-mail:				
		List all other people in h	nousehold. Use additional sheet	s if needed.	
	Name:				
	Name:				
	Name:				
2.		FINCOME: s MUST include copies o usehold members over 1			
	☐ Com	a 2024 tax return, provide plete copy of 2024 tax re Imentation for all other inc	turn; and		
		OR			
	•	ou DID NOT file a 2024 tax return: ☐ Copies of bank statements from November and December 2024 showing all sources			
		es of bank statements fro come including Social Se		<u>024</u> snowing all sources	
		J	,		
3.	UTILITY BI	LL			
		of each of the following ut			
			Sarbage, and Telephone/Cell Ph	ione/Cable	
	0	Documentation must dis Documentation must sho			
	· ·		5.1. 5.1.6 Here para.		
4.		PREFERENCE			
		ease indicate how you would like to receive your check.			
		ase mail refund check to Il pick up refund check at			
_					
5.	DECLARAT	ΠON:	declare under nena	Ity 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.			
	Signature o	of Applicant	City, State	Date	