SANDPOINT
CITY HALL

APPLICATION
SENIOR CITIZENS REDUCED UTILITY BILL (SCRUB) PROGRAM
City Code 7-6-10-C

NAME: _____ CUSTOMER #:_____

RESIDENCE ADDRESS: _____

MAILING ADDRESS (if different):_____

AGE: _____ (*proof shall be required for new/first-time applicants*) Phone#: _____

NUMBER OF PERSONS RESIDING IN THE HOUSEHOLD: _____

TOTAL ANNUAL INCOME FOR THIS **ENTIRE HOUSEHOLD**: $ _____

Must include income from ALL members of the household, including Social Security, retirement and income from any and all sources. The maximum annual household income allowed for a senior citizen to qualify for the SCRUB program shall reflect the maximum gross monthly income allowed by the current federal Supplemental Nutrition Assistance Program (SNAP), multiplied by 12. (Sandpoint Resolution #13-49)

**PROOF OF INCOME REQUIRED:** Acceptable proof of income includes, but is not limited to, copies of the following: Applicant's most recent income tax return, most recent Social Security check or a statement directly from Social Security.

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**AFFIDAVIT**

I SWEAR THAT THE ABOVE INFORMATION IS CORRECT AND THAT THIS DISCOUNT IS REQUESTED FOR MY **PERSONAL RESIDENCE ONLY.**

I UNDERSTAND THAT THIS REQUEST MUST BE RENEWED EACH YEAR BEFORE MAY 30 TO ENSURE THIS DISCOUNT WILL CONTINUE WITHOUT INTERRUPTION. I FURTHER UNDERSTAND THAT PROVIDING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS A MISDEMEANOR AND SUBJECT TO IMPRISONMENT AND A FINE OF UP TO $300.

**DATE**: _____ **Applicant's Signature** _____

State of Idaho )
ss.
County of Bonner )

On _____, _____,
(date) (name)
known to me to be the person whose name is subscribed to the within instrument,
personally appeared before me and acknowledged to me that he/she executed the same.

Approved: _____
Denied: _____
Initials: _____

_____
Notary Public
Residing in Bonner County, ID
My Commission Expires: _____