



City of Stanwood
10220 270th Street NW
Stanwood, Washington 98292
(360) 629-2181 Fax: (360) 629-3009

2021 CABLE TELEVISION SERVICE REDUCED RATE APPLICATION FORM

1. NAME _____
2. ADDRESS _____
3. ARE YOU 62 YEARS OF AGE OR OLDER? (circle/check one) YES NO
4. HOW MANY PERSONS LIVE IN YOUR HOUSEHOLD? _____
5. WHAT WAS THE TOTAL HOUSEHOLD INCOME IN 2020? BE SURE TO INCLUDE INTEREST INCOME, PENSIONS, SOCIAL SECURITY, HOME OCCUPATION INCOME AND MONEY CONTRIBUTED FROM OTHER HOUSEHOLD MEMBERS: \$ _____
6. LIST SOURCES OF INCOME: _____
7. DO YOU ANTICIPATE MAJOR CHANGES IN HOUSEHOLD INCOME DURING 2021? IF YES EXPLAIN:

8. COMMENTS: _____

I HEREBY SWEAR AND AFFIRM, UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HAVE ATTACHED: VERIFICATION OF INCOME – i.e. copy of 2020 Tax Return or Social Security Statement.

Signature: _____ **Date** _____

Telephone Number _____

Approved by: _____ **Date** _____
