



CITY HALL • 1123 Lake Street • Sandpoint, ID 83864 • Phone 208-263-3561 • Fax 208-263-3678

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 )  
County of Bonner ) ss.  
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: \_\_\_\_\_