



Mailbox Replacement Program Financial Assistance Form

Applicant's Name _____

Applicant's Address _____ City _____ Zip Code _____

Day Phone _____ Evening Phone _____

Please attach a copy of your most recent Federal Tax Return Form and two of your most current pay stubs for verification of income and dependents.

Total number of **adults** living in household _____

Total number of **children** living in household _____

Applicant Checklist:

- Copy of most recent Federal Tax Return is attached.
- Two of your most recent current pay stubs are attached.
- Income Worksheet completed (on previous page).
- Signed application (below)

I certify that all of the information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of fee assistance; that city officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under the applicable State and Federal laws.

Signature _____ Date _____

Submit application to:
City Hall
Finance Department
4800 S. 188th St., SeaTac, WA 98188

Ph: 206.973.4720



HUD INCOME GUIDELINES - KING COUNTY Effective July 2023	
Family Size	Low-Income
1	\$47,950
2	\$54,800
3	\$61,650
4	\$68,500
5	\$74,000
6	\$79,500
7	\$84,950
8	\$90,450
Fee Assistance	50%

INCOME WORKSHEET – Must be completed:

Gross per Month – use the following to determine total monthly household income/support.

Monthly household income means all income of all household members: wages, salary, social security, public assistance, child care assistance, unemployment, insurance, child/spouse support, pension/retirement, and all other sources of income.

Paycheck(s)	\$ _____
Unemployment	\$ _____
Social Security	\$ _____
Child/Spouse Support	\$ _____
DSHS (Welfare, TANF, WIC etc.)	\$ _____
Other	\$ _____
Total household monthly gross income	\$ _____

For Office Use

Approved Denied

% _____

Processed by _____ Title _____ Date _____