

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 mocurrent pay stubs for verification	ost recent Federal Tax Return Form and not income and dependents.	d two of your most
Total number of adults living in ho	ousehold	
Total number of children living in l	household	
Applicant Checklist:		
☐ Copy of most recen	nt Federal Tax Return is attached.	
☐ Two of your most red	cent current pay stubs are attached.	
☐ Income Worksheet o	completed (on previous page).	
Signed application	(below)	
is being given for the receipt of fee assistant	cation is true and correct and that all income is reporte nce; that city officials may verify the information on t ject me to prosecution under the applicable State and	the application; and that deliberate
Signature	Date	
Submit application in person on City Hall Finance Department 4800 S. 188th St., SeaTac, WA	•	

Ph: 206.973.4720



HUD INCOME GUIDELINES - KING COUNTY Effective July 2024				
Family Size	Low-Income			
1	\$52,700			
2	\$60,250			
3	\$67,800			
4	\$75,350			
5	\$81,400			
6	\$87,450			
7	\$93,400			
8	\$99,451			
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.

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

For Office Use				
Approved	☐ Denied			
Processed by	Tit	tle	_ Date	