



# 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 in person only to:

City Hall  
Finance Department  
4800 S. 188th St., SeaTac, WA 98188

Ph: 206.973.4780



HUD INCOME GUIDELINES - KING COUNTY Effective July 2025	
Family Size	Low-Income
1	\$55,000
2	\$62,850
3	\$70,700
4	\$78,550
5	\$84,850
6	\$91,150
	\$
<b>Fee Assistance</b>	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	\$ _____
<b>Total household monthly gross income</b>	\$ _____

**For Office Use**

Approved       Denied

% \_\_\_\_\_

Processed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_