

INCOME-BASED DISCOUNT APPLICATION

Complete, sign and date this application and return it, along with all required documentation listed on the attached Information Sheet. For further program information and requirements, refer to the Information Sheet. Please visit the City website at www.cityofpt.us and refer to PTMC 13.01 and 13.02 for a complete description of the program.

APPLICANT INFORMATION (ACCOUNT HOLDER)			
Applicant Is: <input type="checkbox"/> Tenant <input type="checkbox"/> Property Owner		Discount Category (Select Only One): <input type="checkbox"/> Household <input type="checkbox"/> Senior <input type="checkbox"/> Disabled	
Services to be Discounted (Select Those That Apply): <input type="checkbox"/> City Utilities (Water/Sewer/Storm)		<input type="checkbox"/> DM Disposal (Garbage)	
Customer Name:		City Utility Account #:	
Service Address:		Port Townsend, WA 98368	
Phone Numbers:	Primary:	Secondary:	

LIST ALL PEOPLE LIVING AT SERVICE ADDRESS AND GROSS INCOME FOR ANYONE WHO CONTRIBUTES TO HOUSEHOLD			
Include Proof of Income for ALL contributing household members age 18 and older (or Declaration of No Income, if applicable)			
#	Name	Age	Monthly Gross Income
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
Total Gross Income Must Qualify Against Attached Table *		TOTAL	\$

* Please refer to attached Information Sheet for Qualifying Income Table, Definition of Gross Income as well as details on acceptable forms of Income Documentation

DECLARATION	
<p>I declare under penalty of perjury under the laws of the State of Washington that all of the statements on this application are true. Any false statement on this form will result in a loss of eligibility and could be subject to a maximum fine of \$1,000. <u>IF MY APPLICATION IS APPROVED, I WILL NOTIFY THE UTILITIES OFFICE IMMEDIATELY OF ANY CHANGES TO THIS INFORMATION THAT COULD AFFECT MY ELIGIBILITY STATUS.</u> If I do not report a change in any of the above statements or conditions that would disqualify me for the discount, I agree to pay back all discounts that I was not eligible for. If this application is challenged for any reason, I agree to sign a release that will allow the City to verify the information on this application with the Internal Revenue Service or other sources.</p>	
Applicant's Signature: _____	Date: _____

APPLICANT CHECKLIST	
Please ensure the following checklist items are complete in order to expedite processing of your application.	
<input type="checkbox"/> All Applicants - Application Completed, Signed & Dated?	<input type="checkbox"/> Senior Discount - Proof of Age & Identity Included?
<input type="checkbox"/> All Applicants - Income Verification Documents Included?	<input type="checkbox"/> Disabled Discount - Proof of Disability Status Included ?

FOR OFFICE USE ONLY BELOW THIS LINE			Application Approved?
Reviewed By:	Date:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:			
Approved By:	Date:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:			



INCOME-BASED DISCOUNT PROGRAM INFORMATION SHEET

The City offers a discounted utility rate to qualifying households. This discount is available to utility customers whose primary residence is serviced by the City of Port Townsend’s utility infrastructure. The discount may be applied to City utilities (Water, Sewer, Stormwater) **and/or** City-mandated Solid Waste (Garbage) services through Olympic Disposal (*Garbage discount applies only to customers inside City limits, who are required to have mandatory garbage collection.*)

APPLICANT QUALIFICATIONS

- Resides in a dwelling unit serviced directly by the City’s utility system **and**
- Billed by the City for utilities **and/or** Billed by Olympic Disposal for solid waste utilities **and**
- Head of household or spouse of head of household **and**
- Meets income qualifications listed in the table below (Income-Based Guidelines) **and**
- Can provide sufficient documentation of all income for all household members

APPLICATION SUBMISSION

- List all household members
- Report all income for all household members (*household members aged 18 years and older must either include income verification documents or complete a “No Income Declaration”*)
- Include copies of required documents along with the completed application (*documentation requirements are listed on the back of this page*)
- Primary applicant – be sure to **sign and date the application**

*If you wish to keep a copy of your application, please arrange to have copies made **prior to submission**. The City must retain all submitted applications and documentation for our records.*

INCOME-BASED DISCOUNT CATEGORIES

SENIOR CITIZEN – qualifying applicants ages **62 and above** with Gross Income that does not exceed the Federal Poverty Level (based on household size) from the “Income-Based Guidelines” table below

PERSON WITH DISABILITIES – qualifying applicants **receiving disability benefits**, with Gross Income that does not exceed the Federal Poverty Level (based on household size) from the “Income-Based Guidelines” table below

HOUSEHOLD – qualifying applicants with Gross Income that does not exceed the Federal Poverty Level (based on household size) from the “Income-Based Guidelines” table below

2024 INCOME-BASED GUIDELINES						
HOUSEHOLD SIZE	200% FEDERAL POVERTY LEVEL		300% FEDERAL POVERTY LEVEL		350% FEDERAL POVERTY LEVEL	
	MONTHLY INCOME	ANNUAL INCOME	MONTHLY INCOME	ANNUAL INCOME	MONTHLY INCOME	ANNUAL INCOME
1	\$2,510	\$30,120	\$3,760	\$45,180	\$4,390	\$52,710
2	\$3,400	\$40,880	\$5,110	\$61,320	\$5,960	\$71,540
3	\$4,300	\$51,640	\$6,450	\$77,460	\$7,530	\$90,370
4	\$5,200	\$62,400	\$7,800	\$93,600	\$9,100	\$109,200
5	\$6,090	\$73,160	\$9,140	\$109,740		
	200% Poverty Level Households Qualify for a 75% Reduction to Rate		300% Poverty Level Households Qualify for a 50% Reduction to Rate		350% Poverty Level Households Qualify for a 25% Reduction to Rate	



INCOME VERIFICATION DOCUMENTS (*provide documentation to verify Gross Income for ALL household members*)

PREFERRED SOURCES

- Current Certification Letter from any of the following programs: LIHEAP, DSHS Food Assistance, Veteran’s Disability Benefits, Supplemental Security Disability Income (SSDI), WA Health Care Authority/Washington Apple Health **PLUS**
- Most recent Income Tax Return (*Include any supplemental Schedules [i.e.; Sch. 1, Sch. C or C-EZ], etc., or other income types included in Schedule 1*) **OR**
- Most recent Social Security Statement

OTHER ACCEPTABLE DOCUMENTS

- Most recent W-2 or 3 most recent months of consecutive pay stubs showing year-to-date earnings **OR**
- 3 most recent consecutive months of all bank statements showing all transactions

If you cannot produce income verification documentation as listed above, complete the City’s NO INCOME DECLARATION FORM (attached).

DEFINITION OF GROSS HOUSEHOLD INCOME (*all income before taxes/deductions – limited examples listed below*)

Earnings/Wages	Unemployment/Worker’s Compensation	Social Security or SSI Benefits
Trust Income	Pension/Retirement Income	Survivor/Veterans Benefits
Rental/Royalty Income	Capital Gains/Investment Income/Dividends	Disability Benefits
Alimony/Child Support	Regular Assistance from Within the Household	Miscellaneous Sources

DOCUMENTATION REQUIRED FOR DISCOUNTS BASED ON DISABILITY OR SENIOR CITIZEN STATUS

- **SENIOR CITIZENS** – must provide proof of age/identity (Driver’s License, Government ID Card, Passport)
- **PERSON WITH DISABILITIES** – must provide proof of disability (SSDI Certification, Permanent Disability Card)

APPLICATION APPROVAL PROCESS (*staff reviews applications within one week of receipt*)

- **APPROVED** – Staff will mail an approval letter, which outlines the discount effective and renewal dates
- **REJECTED** – Staff will mail a letter noting missing/insufficient application information/documentation
- **DENIED** – Staff will mail a letter confirming non-qualifying status

PLEASE NOTE – discounted rates apply to the billing period following approval and are not retroactive

CHANGE OF STATUS

If anyone in the household experiences a change in income or disability status which might disqualify the discounted rate, you must immediately notify the Utility Department. Failure to do so will result in the City billing you at the full rate starting on the date you became ineligible. Discount customers moving to another residence serviced by City utilities and/or Olympic Disposal **must reapply** for the discount.

2024 INCOME-BASED DISCOUNT UTILITY RATES (EFFECTIVE: APRIL 2024)								
Residential Utility Type	Inside City Limits				Outside City Limits			
	Regular Price	25% Disc	50% Disc	75% Disc	Regular Price	25% Disc	50% Disc	75% Disc
Water	\$60.69	\$45.52	\$30.35	\$15.17	\$72.83	\$54.62	\$36.42	\$18.21
Water Consumption	\$4.54	\$4.54	\$4.54	\$4.54	\$5.44	\$5.44	\$5.44	\$5.44
Sewer ≤ 3,000 Gall/Mo	\$63.36	\$47.52	\$31.68	\$15.84	N/A	N/A	N/A	N/A
Sewer > 3,000 Gall/Mo	\$78.33	\$58.75	\$39.17	\$19.58	N/A	N/A	N/A	N/A
Stormwater ≤ 3,000 SF Imp Surf	\$20.05	\$15.04	\$10.03	\$5.01	N/A	N/A	N/A	N/A

** For properties with MORE than 3,000 Sq Ft Impervious, (Impervious area/3,000 sq. ft.) x Rate = Monthly Fee*



