



Requirements for Utility Discount

- A. Are a resident of the City of Port Angeles and receive electric utility services from the City of Port Angeles and you are the owner or secondary person on the utility account.
- B. Have a combined **Annual Income** of 125% of Federal Poverty Income Level or less. **See chart on page 1 of application.**
- C. *Agree to renew application by providing proof of income at the beginning of every calendar year.*
- D. Are willing to conserve and do as much weatherization as possible, if not already done.
- E. Must apply for all State and/or Federal energy related programs.
- F. Property owners agree to participate in available energy conservation programs of the City that are available at no charge.
- G. *Verify income shown on application; **PLEASE ATTACH PROOF OF INCOME.***

FUNDING IS LIMITED:

Funding is limited. Discounts will not be guaranteed for the entire year. Total Funds available for the program is set every year in the City's budget. When the total is reached, the program will end for all customers for the rest of the calendar year.

Instructions for Completing the Application Form

1. Please PRINT all information except your signature.
2. **Complete the Income Worksheet.**
In computing your income for the **previous twelve months** prior to the application, take your **GROSS MONTHLY HOUSEHOLD INCOME** and multiply by 12. If you do not have 12 month income history you may provide 3 months of income history previous to the date of your application. Income *includes* wages, salaries, commissions, business income, dividends from stocks, net rental income from real estate, gifts of \$10,000 or greater, disability payments, retirement pay or pension income, 2018 Social Security, annuities and interest income. Do not include return of capital on investments or reimbursement for losses. If this information is not available, as an option, a written notarized affidavit by residents in the household may be submitted.
3. **It is important that you read the affidavit on page two of the application carefully before you sign the application.**
4. Return the completed **income worksheet and application** as soon as possible to City Hall. If you have any problem completing the application, you may contact the Customer Services, 457-0411, for assistance.
5. **The Application Form and Income Worksheets can be filled out two ways. Print out the forms and fill out by hand, or by typewriter, Sign and return. You may mail the application to: City of Port Angeles customer Service 351 E 5th St. Port Angeles, WA. 98362**

Please Note:

You *cannot* receive the Utility Discount at more than one address at a time. If you move to another address in the City, please let us know so your credit can be transferred to that Account.

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Utility Discount Application

(Proof or verification of Income must be provided beginning each calendar year)

1. _____
Applicant's Last Name, First, Middle

2. _____
Spouses' Last Name, First, Middle

3. _____
Residence Address Apt. #

4. _____
Mail Address (Only if different from your residence address)

5. _____
Phone Number with Area Code / Length of time lived in City

6. Check One:

I/we are the home, apartment or mobile home **OWNER** **RENTER**

Discount Rates – How Discount is applied

Household Size	100% Fed Poverty Guidelines		125% Fed Poverty Guidelines	
	Annual	Discount	Annual	Discount
1	\$12,060	35%	\$15,075	25%
2	\$16,040	35%	\$20,300	25%
3	\$20,420	35%	\$25,525	25%
4	\$24,600	35%	\$30,750	25%
5	\$28,780	35%	\$35,975	25%
6	\$32,960	35%	\$41,200	25%
7	\$37,140	35%	\$46,425	25%
8	\$41,320	35%	\$51,650	25%

7. **How many members are in your household, including yourself?** (Actually living in your home.)

Check one: 1 2 3 or more

If 3 or more, list names and ages of other members of your household below.

NOTE:

All members of the household MUST BE LISTED ALONG WITH THEIR AGE AND RELATIONSHIP. Any income they have MUST BE included in the gross household figure used to compute your Low Income Utility Discount.

10. If home owner, do you agree to participate in the City's no-cost conservation program, at no cost
Yes _____ No _____

Important: Read before signing:

Affidavit: I swear under penalties of either civil or criminal perjury that I have read the instruction sheet and that all of the statements, as marked, are true. Falsification of any information on this application will result in loss of eligibility for further program assistance and repayment of all funds received as a result of providing false information.

The date you write here must be the same date you mail or deliver this application to the City.

Dated this _____ day of _____, 20____.

Applicant's Signature (Do Not Print)

Spouse's Signature (Do Not Print)

Name, address, and phone number of close relative or friend:

ANNUAL HOUSEHOLD INCOME WORKSHEET

Annual Salary & Wages	\$	
Unemployment Compensation	\$	
Cash Welfare Benefits	\$	
Industrial Injury Benefits	\$	
Social Security Benefits	\$	
Interest (all sources)	\$	
Dividends	\$	
Pensions and Annuities	\$	
Retirement Benefits	\$	
*TOTAL ANNUAL HOUSEHOLD INCOME	\$	

***Total ANNUAL Household Income includes income of applicant and spouse or co-tenant living in the household.**

Number of family members living in household:

FOR OFFICE USE ONLY		
Acct #:	Percentage:	Initials of CSR

INCOME VALIDATED BY:

	Bank Deposit	
	Tax Form	
	Paystubs	
	Other (specify)	

Date turned in

Validation documents returned to customer