

CITY OF OCEAN SHORES

APPLICATION FOR REDUCTION IN BASE WATER RATES
LOW INCOME CERTIFICATION

NAME: _____

ADDRESS: _____

WATER ACCOUNT NUMBER: _____

Low income is defined as income at or below the current national poverty guideline as established by the US Department of Health and Human Services.

CERTIFICATION

Under the penalty of perjury, I hereby certify that I qualify for this rate adjustment. I understand that this Reduction in my base water and sewer rates will take effect on my next billing. I further understand that this reduction will be in effect for the next 12 calendar months and it is my responsibility to renew this certification annually.

The City of Ocean Shores reserves the right to change rates by City Ordinance at anytime.

SIGNATURE: _____

DATE: _____

Number of people in family unit _____

Proof of all individuals in family unit and their income must be provided.

Please furnish a copy of your current Federal Income Tax Return or proof of all income. No action will be taken until this is received. Thank You.

THE 2016 HEALTH & HUMAN SERVICES POVERTY GUIDELINES

Federal Guidelines:

Size of Family Unit	48 Contiguous States & D.C.
1	\$ 11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890
For each additional person, add	4,160

Ocean Shores Guidelines:

Size of Family Unit	48 Contiguous States & D.C.
1	\$ 14,850
2	20,025
3	25,200
4	30,375
5	35,550
6	40,725
7	45,913
8	51,113
For each additional person, add	5,200

The Utility rates for those customers qualifying for low-income rate payer status under the Ocean Shores Guidelines will be as follows:

Water:

Base meter rate: \$6.28 per month (Regular rate is \$12.56 per month)
 Consumption rate: \$.02818 per cubic foot (Regular rate is \$.05636 per cubic foot)

Sewer:

Flat Rate: \$10.95 per month (Regular rate is \$21.90 per month)

Storm Drain:

Flat Rate: \$.0650 for each 400 square feet (of fraction thereof) of the property per month