



## APPLICATION FOR REDUCED RATES FOR UTILITY SERVICES

The City of Ocean Shores reduces rates on utility services for customers who qualify as low income.

These rates apply to residential customers only. Reduced rates are 50% of the standard rates for the water, sewer, storm drain and ambulance utilities. Once a customer qualifies for this program, the reduced rates become effective on the next billing cycle and must be renewed every year in order to maintain qualification.

The combined household income must be less than the amounts listed below:

### **Federal Guidelines:**

Size of Family Unit	48 Contiguous States & D.C.
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1	\$ 12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8	41,320

### **Ocean Shores Guidelines:**

Size of Family Unit	48 Contiguous States & D.C.
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1	\$ 15,075
2	20,300
3	25,525
4	30,750
5	35,975
6	41,200
7	46,425
8	51,650

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: \$12.88 per month (Regular rate is \$25.75 per month)

Consumption rate: \$.0155 per cubic foot (Regular rate is \$.0310 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 (or fraction thereof) of the property per month

### **Ambulance:**

Flat Rate: \$3.74 per month (Regular rate is \$7.48 per month)

Along with the completed application, please include the following items:

❖ **Proof of income for all members of household**

○ A copy of your tax return for the preceding calendar year or yearly social security statement (if you are not required to file and this was the only income) must be provided. *Bank statements are not accepted as proof.*

○ **IF YOU DID NOT FILE A TAX RETURN, PLEASE EXPLAIN THE REASON:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ **Proof of identification and age** (usually in the form of driver's license or state issued ID)

New Application

Utility Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
*(Last Name) (First Name)*

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(If different than service address)*

Telephone Number: \_\_\_\_\_

Number of residents in household: \_\_\_\_\_

Please list names and ages:  
(List any additional on a blank page)

Dependent?      Employed?

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_

**DECLARATION OF COMBINED TOTAL YEARLY HOUSEHOLD INCOME**

- ❖ Total Social Security for all members of household \$ \_\_\_\_\_
  - ❖ Total Federal Civil Service, Railroad or Military Retirement \$ \_\_\_\_\_
  - ❖ Veterans benefits \$ \_\_\_\_\_
  - ❖ Other retirements, pensions and annuities \$ \_\_\_\_\_
  - ❖ Total wages, salaries, tips and consulting fees \$ \_\_\_\_\_
  - ❖ Total unemployment and public assistance \$ \_\_\_\_\_
  - ❖ All other interest received \$ \_\_\_\_\_
  - ❖ Total gross income from trusts, royalties, estates and dividends \$ \_\_\_\_\_
  - ❖ Total gross income from rentals, farm, partnerships or businesses \$ \_\_\_\_\_
  - ❖ Total capital gains (less sale of residence for reinvestment in new residence) \$ \_\_\_\_\_
  - ❖ All other income \_\_\_\_\_ \$ \_\_\_\_\_  
(List source)
  - ❖ Less amount paid directly to nursing home for care of spouse or amount paid for in home care. \$ \_\_\_\_\_
- TOTAL COMBINED YEARLY INCOME FOR ALL HOUSEHOLD MEMBERS** \$ \_\_\_\_\_

***Please remember to include proof for all the income listed above. Failure to provide will cause a delay and/or possible denial of application.***

**I (we) declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct. Verification of any of the information contained in this application may be obtained from any source named herein.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_