



## APPLICATION FOR 2019 REDUCED RATE FOR UTILITY SERVICES

The City of Ocean Shores Reduced rate on utility services for customers who qualify as:

- Property must be occupied by the person claiming eligibility and be the primary place of residence
- Utility bill must be kept current, if utilities are shutoff by city personal for nonpayment customer will be removed from program immediately. The reduce rate program will not be offered again for one consecutive billing cycle.
- Current account must be at a zero balance prior to an approved reduced rate application being applied to the account.

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

**Federal Guidelines:**

Size of Family Unit      48 Contiguous States & D.C.

1	\$ 12,490
2	16,910
3	21,330
4	25,750
5	30,170
6	34,590
7	39,010
8	43,430

**Ocean Shores Guidelines:**

Size of Family Unit      48 Contiguous States & D.C.

1	\$ 15,613
2	21,138
3	26,663
4	32,188
5	37,713
6	43,238
7	48,763
8	54,288

**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:    \$14.04 per month (Regular rate is \$28.07 per month)

Consumption rate: \$.0169 per cubic foot (Regular rate is \$.03379 per cubic foot)

**Sewer:**

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

**Storm Drain:**

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

**Ambulance:**

Flat Rate:            \$ 3.74 per month (Regular rate is \$19.04 per month)

**Along with the complete application, please include the following items:**

- **Proof of income for all members of household**
  - o 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**.*
- **Proof of identification and age** (usually in the form of driver's license or state issued ID)
- **Proof of disability in the form of:**
  - o Social security disability statement.
  - o A parking placard ID card issued by the Washington State Department of Licensing for certain debilitating conditions. (Not all conditions are covered in this requirement).

New Application

Renewal Application

Utility Account Number: \_\_\_\_\_ -000

Name of Applicant(s): \_\_\_\_\_

Service address: \_\_\_\_\_

\_\_\_\_\_ CITY

\_\_\_\_\_ STATE

\_\_\_\_\_ ZIP

Phone Number(s): \_\_\_\_\_  
HOME PHONE NUMBER BEST CONTACT PHONE NUMBER

Email Address: \_\_\_\_\_

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

Please list provide the following household information:

Residents Full Name:	Dependent:	Employed:	Age:
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

**\*If you are over the age of 18 please provide required Washington state identification.**

**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 \$ \_\_\_\_\_

***Failure to complete entire application or provide required documentation will result in 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 _____
Signature _____	Date _____
Signature _____	Date _____

***All parties over the age of 18 residing in the residence of aforementioned property sign documentation***