

# UTILITY ASSISTANCE PROGRAM APPLICATION

Effective July 1, 2024

## **Proof of income must accompany this form for processing**

I (we) hereby request the City of Lowell to reduce the Water and Sewer utility base fee based on the following information.

APPLICANT'S NAME: \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

(The property receiving service for which the reduction is sought must be applicant's principal residence.)

MAILING ADDRESS: \_\_\_\_\_

Other persons occupying the residence:

**NAME**

**RELATIONSHIP**

_____	_____
_____	_____
_____	_____

In order to qualify, the maximum combined annual income for all persons residing at the residence must be at or below the income for the size of household as listed on the back of this form. You must provide proof of your household monthly income, and hereby consent to provide all information deemed necessary to make such determination. The applicant must submit a copy of their most recent state and federal tax returns or Form SSA 1099 or other approval letter from a state or federal agency qualifying them for such programs that are based on income.

If this application is approved, it shall become effective for the next billing period (no retroactive adjustments).

**UNDER PENALTIES OF FALSE SWEARING, I/WE, THE UNDERSIGNED, STATE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I/WE FURTHER AGREE TO IMMEDIATELY NOTIFY THE CITY OF ANY CHANGE IN THE ABOVE INFORMATION. BY SIGNING THIS FORM, I/WE AUTHORIZE THE RELEASE OF INFORMATION TO THE CITY OF LOWELL FOR PURPOSES OF VERIFYING ELIGIBILITY.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date:

**RETURN TO: City of Lowell, Attn: Sam Dragt  
P.O. Box 490, Lowell, OR 97452  
Phone: 541-937-2157**

### FOR CITY OF LOWELL USE ONLY

Date & Approval By: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date Entered \_\_\_\_\_ Act#: \_\_\_\_\_

**Income Guidelines – 2023/2024**  
**60% of Median Income (Oregon Statewide Average)**

<b>Annual Household Income Limits (before taxes)</b>		
<b>Household Size*</b>	<b>Maximum Income Level (Per Year)</b>	<b>Maximum Income Level (Per Year)</b>
<b>1</b>	<b>\$2,605.5</b>	<b>\$29,344</b>
<b>2</b>	<b>\$3,407.17</b>	<b>\$38,373</b>
<b>3</b>	<b>\$4,208.83</b>	<b>\$47,402</b>
<b>4</b>	<b>\$5,010.50</b>	<b>\$56,430</b>
<b>5</b>	<b>\$5,812.25</b>	<b>\$65,459</b>
<b>6</b>	<b>\$6,613.92</b>	<b>\$74,488</b>
<b>7</b>	<b>\$6,764.25</b>	<b>\$76,181</b>
<b>8</b>	<b>\$6,914.50</b>	<b>\$77,874</b>

**\*For households with more than eight people, add \$1,803 per additional person.**

**Household income limits taken from here: <https://www.benefits.gov/benefit/1571>**

**How the Discount Works:**

Once approved by the City of Lowell, staff will process your application and you should see a 30% reduction in your water and sewer base charges on the next billing cycle. Forms turned in after the 15th of the month will be processed the following month. If you are renting, the reduced rates should be reflected on the bill from your rental company. If not, please contact them.

I have read and understand the process as explained above \_\_\_\_\_  
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