152 W. Cedar St.,
Sequim, WA 98382
(360)683-4139
www.sequimwa.gov

Program Year 2027

LOW INCOME UTILITY DISCOUNT APPLICATION

The City has established a program for utility rate reductions to City utility bills for certain recipients, as described here. Applicants are required to reapply annually to renew eligibility for rate reductions, and those rates will expire on December 31 of each year, regardless of when the application was received. If, during the year, the recipient of the discount either receives income that will no longer allow them to be eligible for the discount or is no longer disabled or otherwise eligible for the discounted rate - the applicant must immediately notify the City Finance Department of any change in status. *A 50% discount on base rate fees is available to those Single-Family Residents who qualify for the OLYCAP ILHEAP program (visit their website at https://olycap.org/energy-assistance/) or whose annual income does not exceed 150% of the federal poverty guidelines. This program is available to a maximum of 250 customers on a first-come first serve basis.* Refer to SMC 13.80.080, 13.80.050, 13.84.080, and 13.84.085 for a complete description of the programs offered.

Please read the entire application and provide all documentation; incomplete applications will *not* be processed.

Section 1

Name: _____ Phone: _____

Mailing Address: _____ Account number(s) _____

_____ _____

Physical Address: _____ Rent ☐ Own ☐

_____

Provide the following documentation:

- ☐ Driver's license, passport, or other government issued photo ID
- ☐ Social Security Card (to verify with photo ID only)
- ☐ City of Sequim Utility Bill
- ☐ Have you been approved by OLYCAP/Clallam County PUD or do you have "senior/disabled" exemption on your property?

Yes _____ or No _____

Complete section 1 only- Don't forget to sign the application on page 3 and attach OLYCAP APPROVAL OR EVIDENCE OF Property Tax exemption reflecting current discount.

Complete entire application.

Section 2

Apply for the following discounts: Water ☐ Sewer ☐ Both ☐

1. Are you employed? Yes ____ or No ____ If so, pay: $_____/month
   Employer's name and phone #: _____

2. Do you have a spouse or state registered domestic partner who lives with you? Yes ____ or No_____
   Is spouse/domestic partner employed? Yes____ or No____ If so, pay: $_____/month
   Employer's name and phone #: _____

3. Do you and/or spouse or state registered domestic partner receive unemployment, Social Security, or workers' compensation? Yes ____ or No ____
   If so, which one? _____ Amount: $_____

4. Do you receive money from any other source, including but not limited to rental income, dividends, veterans' benefits, pensions/retirement income, etc.? Yes____ or No____
   If so, how much? Include total from all sources. $_____

Total household income (Questions 1-4) $_____

You are required to provide supporting documentation: previous year income tax return, pay stubs, disability and/or retirement program notices, etc.

Section 3

Name of Head of Household _____

Total number of persons in household: _____

Names, ages, and relationship for all persons living in the household. Include an additional sheet if necessary.

Applicant_____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Section 3

Do you current receive subsided housing? Yes ____ or No ____
If yes, do you receive a utilities allowance? Yes ____ or No____
If yes, how much? _____

AFFIDAVIT: I swear under the penalty of perjury of the laws of the State of Washington, that I understand the questions of this application and that all of the statements on this application are true. Any false statement, including omission, of information on this form us subject to a gross misdemeanor. **SHOULD I BE GRANTED A DISCOUNT, I WILL NOTIFY THE UTILITIES OFFICE IMMEDIATELY OF ANY CHANGE IN CIRCUMSTANCES.** I understand that if I receive a discount after I have become ineligible, I will be required to pay the City back for all discounts received in error. I understand that should this application be challenged for any reason; I may be asked to sign a release which would allow the City to verify the information on this application with the Internal Revenue Service of the federal government or other sources, as necessary.

Signature: _____ Date: _____

Place of signing: _____

OFFICE USE ONLY

Income verification

Property tax exemption or OLYCAP approved? Yes ____ or No ____

Type(s) of supporting income documents (income tax return, pay stubs, SSI/pension statements, OLYCAP approval form etc.)

_____

Approved? Yes ____ or No ____ If no, reason: _____

Signature: _____ Date: _____

Current percentage or $ discount:
_____

Credit entered into system on _____ effective "Billing" Date _____ By: _____
(Date)