



CITY OF PORT ORCHARD
Utility Billing

216 Prospect Street, Port Orchard, WA 98366
Voice: (360) 876-5139 • Fax: (360) 895-9029
utilitybilling@portorchardwa.gov
www.portorchardwa.gov

March 24, 2023

Hello City of Port Orchard Resident,

Thank you for your request for more information on the City of Port Orchard Utility Billing low-income program.

Enclosed you will find a brochure, application, and a worksheet for the low-income program.

Please first review the income threshold to see if your household qualifies for a discounted rate.

If your household does qualify your next step would be to fill out the low income application and gather all your documents requested on the application for all people in your household.

Once you have all the information and the application filled out completely call our Utility Billing department at (360) 876-5139 to schedule an appointment to come in so we can verify your eligibility with your necessary documents.

Sincerely,

Utility Billing Department

Please do not send any personal documents in the mail or email. Bring them to your appointment.

Does your household qualify? Find the size of your family and the income level. If your household income is below the income on the table, you qualify. Contact Utility Billing for more details on how to apply.

Poverty Thresholds for 2022 by Size of Family and Number of Related Children Under 18 Years

(In dollars)

| Size of family unit | Related children under 18 years | | | | | | | | |
|---|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------------|
| | None 125% | One 125% | Two 125% | Three 125% | Four 125% | Five 125% | Six 125% | Seven %125 | Eight or more 125% |
| One person (unrelated individual): | | | | | | | | | |
| Under 65 years..... | \$ 19,031.25 | | | | | | | | |
| 65 years and over..... | \$ 17,545.00 | | | | | | | | |
| Two people: | | | | | | | | | |
| Householder under 65 years..... | \$ 24,496.00 | \$ 25,215.00 | | | | | | | |
| Householder 65 years and over..... | \$ 22,111.00 | \$ 25,118.75 | | | | | | | |
| Three people..... | \$ 28,615.00 | \$ 29,445.00 | \$ 29,472.50 | | | | | | |
| Four people..... | \$ 37,732.00 | \$ 38,348.75 | \$ 37,097.50 | \$ 37,227.50 | | | | | |
| Five people..... | \$ 45,502.00 | \$ 46,165.00 | \$ 44,751.25 | \$ 43,657.50 | \$ 42,988.75 | | | | |
| Six people..... | \$ 52,336.25 | \$ 52,543.75 | \$ 51,461.25 | \$ 50,423.75 | \$ 48,880.00 | \$ 47,966.25 | | | |
| Seven people..... | \$ 60,220.00 | \$ 60,596.25 | \$ 59,300.00 | \$ 58,396.25 | \$ 56,713.75 | \$ 54,750.00 | \$ 52,595.00 | | |
| Eight people..... | \$ 67,351.25 | \$ 67,946.25 | \$ 66,722.50 | \$ 65,651.25 | \$ 64,130.00 | \$ 62,200.00 | \$ 60,191.25 | \$ 59,681.25 | |
| Nine people or more..... | \$ 81,018.75 | \$ 81,411.25 | \$ 80,328.75 | \$ 79,420.00 | \$ 77,927.50 | \$ 75,873.75 | \$ 74,016.25 | \$ 73,556.25 | \$ 70,722.50 |
| Source: U.S. Census Bureau, 2023. | | | | | | | | | |

Note: The source of the weighted average thresholds is the 2023 Current Population Survey Annual Social and Economic Supplement (CPS ASEC).

What is the Program?

The City of Port Orchard offers reduced rates for citizens with low income. Rates for water, sewer, and storm utility services are designated in POMC 13.04 & 13.06.

Definitions for the program

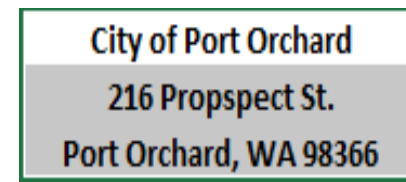
Low Income – A citizen(s) whose total household annual income does not exceed 125% of the U.S. Census Department's poverty threshold as shown in this brochure.

Household Income – Includes all salary, wages, interest, dividends, and other earnings which are reportable for federal income tax purposes, and cash payments such as reimbursement received from pensions, annuities, social security, and public assistance programs. Also included in income are any contributions received from any family member or other person who is living in the same residence as the applicant applying for reduced utility rates and who is helping defray such applicants living costs.

How to apply for the program

Citizens who wish to apply for the discount rates should confirm you qualify based on your household income. If you qualify complete the application. Gather all of the required documents for your household and call utility billing (360) 876-5139 to schedule a time to

Bring the completed application and appropriate documentation to the City's Finance Department in person to:



Applications can be found:

***On City website**

***City Hall**

***Or you can request it to be emailed or mailed**

**Required documentation to show
qualification for all current residents in the
household.**

- Latest federal tax return
- Statement of Social Security benefits
- Most current disability/unemployment check stub
- Copies of driver's license or other Gov't issued identification
- Current bank statements
- Proof of home ownership/lease agreement
- All sources of income

Please contact Utility Billing for any further questions.

utilitybilling@portorchardwa.gov

(360) 876-5139

216 Prospect St.

Port Orchard, WA 98366



City of Port Orchard
 216 Prospect St.
 Port Orchard, WA 98366
 360-876-5139
 email: utilitybilling@portorchardwa.gov

Low Income Rate Application

Customer Information

Name and age: _____

Physical Address: _____

Mailing Address (if different): _____

City, State, Zip code: _____

Daytime phone number: _____

Email: _____

Required Documents

Please bring the following documents that were issued to you, and any other current resident of the property above to your appointment. Failure to include necessary documents may result in a denied application.

- Latest Federal Tax Forms
- Most Current Disability/Unemployment check stub
- Statement of Social Security Benefits
- Copy of Driver's License or Other Gov't issued ID
- Most Current Official Bank Statement
- Copy of Lease with all adults listed

Declaration

I state that the information I have provided in this application is true and correct. I agree to provide necessary information requested to approve this application. I agree to inform the City of Port Orchard's Finance Department if I no longer qualify to receive Low Income reduced rates. I understand that if I receive Low Income reduced rates without meeting the qualification guidelines, I will be required to pay back the discount received. I accept these terms and acknowledge the City may amend the rules governing the Low-Income program at any time. I acknowledge this form and its content are a record subject to disclosure to the public under Chapter 42.56 RCW, the Washington Public records Act.

Customer Signature _____ Date _____

Official use only Account # _____ Approved Denied Reason: _____

- Latest Federal Tax Forms
- Most Current Disability/Unemployment check stub
- Statement of Social Security Benefits
- Copy of Driver's License or Other Gov't issued ID
- Most Current Official Bank Statement
- Copy of Lease with all adults listed

Threshold Data: _____

Effective Date of Discount: _____ Annual Renewal Date: _____

Reviewer 1: _____ Reviewer 2: _____



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Worksheet for reference only

| | | | | | | | | |
|------------------------------|---------------------------------------|--------|----------------------|---|----------|----------------------|---------|--------------------------------|
| Household Information | Number of people living in household: | Adults | <input type="text"/> | + | Children | <input type="text"/> | = Total | <input type="text" value="0"/> |
| | | | | | | | | |

| Additional Household Residents Names (first & last) | Age |
|---|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Income Sources: (Please provide all sources of income received by all residents of the household)

| | | | | | |
|----------------------------|-------------------------|-----------------------------|-------------------------|-------------------------------|------|
| Wages/Salaries | \$ <input type="text"/> | Disability Payments | \$ <input type="text"/> | | |
| Unemployment Benefits | \$ <input type="text"/> | Workers Compensation | \$ <input type="text"/> | | |
| Rental Income | \$ <input type="text"/> | Food Stamps | \$ <input type="text"/> | \$ | 0.00 |
| Interest/Dividends | \$ <input type="text"/> | Child/Spouse Support | \$ <input type="text"/> | Total Annual Household Income | |
| Social Security, SSI, SSP | \$ <input type="text"/> | Insurance/Legal Settlements | \$ <input type="text"/> | | |
| Pension/Private Retirement | \$ <input type="text"/> | Other <input type="text"/> | \$ <input type="text"/> | | |

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Please do not mail or email personal documents. Bring them to your appointment.