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.

Poverty Thresholds for 2022 by Size of Family and Number of Related Children Under 18 Years (In dollars)

	Related children under 18 years								
Size of family unit	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	
	\$ 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 thre	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.

Required documentation to show for all current residents in household.

- Latest Federal tax return
- Statement of Social Security benefits
- Most current disability/unemployment letter
- Current bank statement
- Proof of home ownership or lease agreement
- All sources of income
- Government issued Identification

Example of discounted rates

Residential Utility rate for Low-income program

All utilities rate with discount

	Reduction		25%			
	Cur	rent rate	Red	uction from base	New low i	ncome base rate
water base rate	\$	53.50	\$	13.38	\$ 40.13	
sewer base rate	\$	163.00	\$	40.75	\$122.25	
storm base rate	\$	28.00	\$	7.00	\$ 21.00	
Totals	\$	244.50	\$	61.13	\$ 183.38	

* Water base rate + water consumption will be on billing statements

How to apply for the program

Once it is determined that your household qualifies for the program, follow these steps to apply.

- 1. Complete the application form.
- 2. Collect all required documentation.
- 3. Call utility billing (360)876-5139 to schedule an in-person appointment to have your application and documentation reviewed.

Applications can be found on the city website, City Hall, or you can request it be mailed or emailed to you.



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:	
	Please bring the following documents that were issued to you, and the property above to your appointment. Failure to include sult in a denied application.
\Box Latest Federal Tax Forms	\Box Most Current Disability/Unemployment check stub
Statement of Social Securit	ty Benefits \Box 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 #	
Latest Federal Tax Forms	□ Most Current Disability/Unemployment check stub
\Box Statement of Social Security Benefits \Box	Copy of Driver's License or Other Gov't issued ID
□ Most Current Official Bank Statement □ Effective Date of Discount:	Copy of Lease with all adults listed Threshold Data: Annual Renewal Date:
Reviewer 1:	Reviewer 2:



CITY OF PORT ORCHARD Utility Billing

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

Worksheet for reference only

Household Information	Number of people living in household:	Adults	+ Children	= Total	0	

Additional Household Residents Names (first & last)	Age

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

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

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

 \Box Most Current Official Bank Statement \Box Copy of Lease with all adults listed

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



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 lowincome 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.