



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

Program Year 2023

**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 subsidized 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)