



## Requirements for Utility Discount

- A. Are a resident of the City of Port Angeles and receive utility services from the City and you are the owner or secondary person on the utility account.
- B. Have a combined **Annual Income** of 125% of the Federal Poverty Income Level or less. **See chart on page 1 of application.**
- C. *Agree to renew application by providing proof of income at the beginning of each calendar year.*
- D. Are willing to conserve and do as much weatherization as possible, if not already done.
- E. Must apply for all State and/or Federal energy related programs.
- F. Property owners agree to participate in available energy conservation programs of the City that are available at no charge.
- G. *Verify income shown on application; PLEASE ATTACH PROOF OF INCOME.*

## Instructions for Completing the Application Form

1. Please **Complete the Utility Discount Application** and provide signature(s).
2. Please **Complete the Annual Household Income Worksheet**.  
When computing your income for the **previous twelve months** prior to the application, take your **GROSS MONTHLY HOUSEHOLD INCOME** and multiply by 12. If you do not have a 12-month income history, you may provide a 3-month income history prior to the date of the application. Income *includes* wages, salaries, commissions, business income, dividends from stocks, net rental income from real estate, gifts of \$10,000 or greater, disability payments, retirement pay or pension income, **2022** Social Security, annuities and interest income. Do not include return of capital on investments or reimbursement for losses. If this information is not available, as an option, a written notarized affidavit by residents in the household may be submitted.
3. **It is important that you read the affidavit on page 2 of the application carefully before you sign the application.**
4. Return the completed **application and income worksheet with proof of income** to Customer Service using any of the below methods:

**Email:** [utilities@cityofpa.us](mailto:utilities@cityofpa.us)

**Mail:** City of Port Angeles  
Attn: Customer Service  
321 E 5th Street  
Port Angeles, WA 98362

**Drop Box:** Located across the parking lot from the main entrance to City Hall at the address listed above.

If you need assistance with completing the application or have questions, contact Customer Service at (360) 457-0411 or email [utilities@cityofpa.us](mailto:utilities@cityofpa.us).

### ***Please Note:***

You *cannot* receive the utility discount at more than one address at a time. If you move to another address in the City of Port Angeles, please let us know so your credit can be transferred to that account.



## Utility Discount Application

(Proof or verification of income must be provided at the beginning of each calendar year)

1. \_\_\_\_\_  
Applicant's Last Name, First, Middle

2. \_\_\_\_\_  
Spouse's Last Name, First, Middle

3. \_\_\_\_\_  
Residence Address Apt. #

4. \_\_\_\_\_  
Mailing Address (only if different from your residence address)

5. \_\_\_\_\_  
Phone Number with Area Code / Length of time lived in City

6. **Check One:** I/we are the home, apartment or mobile home: **OWNER**  **RENTER**

### Discount Rates – How Discount is Applied

Household Size	100% 2022 Fed Poverty Guidelines		125% 2022 Fed Poverty Guidelines	
	Annual	Discount	Annual	Discount
1	\$12,880	35%	\$16,100	25%
2	\$17,420	35%	\$21,775	25%
3	\$21,960	35%	\$27,450	25%
4	\$26,500	35%	\$33,125	25%
5	\$31,040	35%	\$38,800	25%
6	\$35,580	35%	\$44,475	25%
7	\$40,120	35%	\$50,150	25%
8	\$44,660	35%	\$55,825	25%

7. **How many members are in your household, including yourself?** (actually, living in your home.)

Check one:     1      2      3 or more

**If 3 or more, list names, ages, and relationship of other members of your household below:**

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**NOTE:**

***All members of the household MUST BE LISTED ALONG WITH THEIR AGE AND RELATIONSHIP. Any income they have MUST BE included in the gross household figure used to compute your Low-Income Utility Discount.***

8. If homeowner, do you agree to participate in the City’s no-cost conservation program, at no cost:

Yes      No

**Important - Read before signing:**

**Affidavit:** I swear under penalties of either civil or criminal perjury that I have read the instruction sheet and that all the statements, as marked, are true. Falsification of any information on this application will result in loss of eligibility for further program assistance and repayment of all funds received as a result of providing false information.

The date you write below must be the same date you submit this application to the City of Port Angeles.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Applicant’s Signature (Do Not Print)

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Spouse’s Signature (Do Not Print)

Name, address, and phone number of close relative or friend:

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# ANNUAL HOUSEHOLD INCOME WORKSHEET

<b>Annual Salary &amp; Wages</b>	\$	
<b>Unemployment Compensation</b>	\$	
<b>Cash Welfare Benefits</b>	\$	
<b>Industrial Injury Benefits</b>	\$	
<b>Social Security Benefits</b>	\$	
<b>Interest (all sources)</b>	\$	
<b>Dividends</b>	\$	
<b>Pensions and Annuities</b>	\$	
<b>Retirement Benefits</b>	\$	
<b>*TOTAL ANNUAL HOUSEHOLD INCOME</b>	<b>\$</b>	

**\*Total ANNUAL Household Income includes income of applicant and spouse or co-tenant living in the household.**

**Number of family members living in household:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
Acct #:	Percentage:	Initials of CSR:

**INCOME VALIDATED BY:**

	Bank Deposit	
	Tax Form	
	Paystubs	
	Other (specify)	

**Date turned in:**

Validation documents returned to customer: