



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 primary 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 below** to determine if you qualify for the utility discount before filling out and submitting this 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.*

Proof of income examples include:

- W-2 from previous year;
- Last 3 months of pay stubs; or
- Social Security reward letter

Utility Discount Rates - Federal Poverty Income Levels

Household Size	100% Federal Poverty Guidelines for 2023		125% Federal Poverty Guidelines for 2023	
	Annual	Discount	Annual	Discount
1	\$13,590	35%	\$13,590.01 to \$16,987.50	25%
2	\$18,310	35%	\$18,310.01 to \$22,887.50	25%
3	\$23,030	35%	\$23,030.01 to \$28,787.50	25%
4	\$27,750	35%	\$27,750.01 to \$34,687.50	25%
5	\$32,470	35%	\$32,470.01 to \$40,587.50	25%
6	\$37,190	35%	\$37,190.01 to \$46,487.50	25%
7	\$41,910	35%	\$41,910.01 to \$52,387.50	25%
8	\$46,630	35%	\$46,630.01 to \$58,287.50	25%

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, 2023 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

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.

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.

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

Yes No

Even if you don't qualify for the no-cost conservation, you may still be able to get a discount.

To learn more about Energy Efficiency for Residents, visit:
<https://www.cityofpa.us/198/Energy-Efficiency-for-Residents>

To find out different ways you can conserve and save, visit:
<https://www.cityofpa.us/790/Residential-Conservation-Rebates>

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____.

Applicant's Signature (Do Not Print)

Spouse's Signature (Do Not Print)

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

ANNUAL HOUSEHOLD INCOME WORKSHEET

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

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

Number of family members living in household: _____

FOR OFFICE USE ONLY		
Acct #:	Percentage:	Initials of CSR:

INCOME VALIDATED BY:

	Bank Deposit	
	Tax Form	
	Paystubs	
	Other (specify)	

Date turned in:

Validation documents returned to customer: