

Utility Billing Assistance Program (UBAP)

GENERAL INFORMATION & INSTRUCTIONS Short-term Assistance: 2020 Utility Bill Rebate

This information applies to residents of apartments, condominiums and residential homes who pay for water and sewer service through rent or to a third party.

Short-term assistance will not exceed two (2) assistance periods (six (6) months) within a calendar year

Residents currently paying for water and/or sewer utility services directly to the District must instead refer to the *UBAP Short-term Assistance: 2020 Utility Bill Credit Instructions*.

Residence: Residents must provide proof of payment of the water and sewer utilities and proof of how long you lived at the property during the program application period. This may be one of the following:

- A copy of the lease/rental agreement that shows utilities are included with the rent with move in date
- A copy of the statement(s) from a third party billing agency for the rebate period you are requesting

Income: The application period income will be the total income from all household members 18 years or older, for each month included in the application. Income must not exceed sixty (60) percent of the King County Department of Housing and Urban Development (“HUD”) area median household income calculation as set forth for the number of persons in the household (annual income pro-rated to monthly)

2020 Program – Monthly Income Qualification Chart (Based on 2020 monthly Income)

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
1 Month	\$4,180	\$4,780	\$5,375	\$5,970	\$6,450	\$6,930	\$7,405	\$7,885
2 Months	\$8,360	\$9,560	\$10,750	\$11,940	\$12,900	\$13,860	\$14,810	\$15,770
3 Months	\$12,540	\$14,340	\$16,125	\$17,910	\$19,350	\$20,790	\$22,215	\$23,655

Applicants must provide documentation or attestation of all income for all adults 18 years of age and over residing in the household for the each application period

Rebate: The water rebate is 90% and the sewer rebate is 60% of the District’s single-family base charges and shall not apply to consumption charges, or any other charges or fees. For each month you lived at the residence you will receive the following rebate:

2020 Monthly Utility Rebate

Water	\$	14.41
Sewer	\$	16.75
Total	\$	31.16

The rebate will be processed after the completed application has been received and approved by the District.

Filing: An application for credit must be applied for each program period.

GENERAL INFORMATION & INSTRUCTIONS
Short-term Assistance: 2020 Utility Bill Rebate

Monthly household income worksheet

Monthly Income Source	Applicant	Resident #2	Resident #3	Resident #4
Social Security (SSA, SSI, SSDI, 1099)				
Salary/Wages/Tips (W-2)				
Pension/Veteran's Benefits/Annuities (1099-R)				
Interest/Dividends (1099-INT or 1099-DIV)				
Capital Gains/Losses (1040 + Schedule D)				
Business/Rental Income (1040 + Schedule C)				
IRA Withdrawal (1099-R)				
Unemployment Income				
Other Income (gifts, cash, military pay/benefits, work study earnings)				
Total Monthly Income	\$	\$	\$	\$

Utility Billing Assistance Program (UBAP)

APPLICATION

Short-term Assistance: 2020 Utility Bill Rebate

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Residents who pay for water and sewer service directly to the District must instead complete the *UBAP Short-term Assistance: 2020 Utility Bill Credit Application*.

Date: _____ Account #: _____

Applicant's Name: _____

Applicant's Service Address: _____

Applicant's Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

Name of Complex or Property Owners Name _____

Please provide proof of payment of the payment of water and sewer utilities and proof of how long you lived at the property during the program dates of July 1, 2019 to June 30, 2020. This may be one of the following:

- A copy of the lease/rental agreement that shows utilities are included with the rent with move in date
- A copy of the statement(s) from a third party billing agency for the rebate period you are requesting

Income qualification: The combined monthly income of all adult household members for 2020 must not exceed sixty (60) percent of the King County Department of Housing and Urban Development ("HUD") area median household income calculation as set forth for the number of persons in the household. For the 2020 Utility Billing Assistance Program year, the amounts are shown below:

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
1 Month	\$4,180	\$4,780	\$5,375	\$5,970	\$6,450	\$6,930	\$7,405	\$7,885
2 Months	\$8,360	\$9,560	\$10,750	\$11,940	\$12,900	\$13,860	\$14,810	\$15,770
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APPLICATION
Short-term Assistance: 2020 Utility Bill Rebate

How many people live with you in the household? _____

Please provide the name, age and relationship of each household member (please attach separate form if needed)

	First Name	Last Name	Age	Relationship to Applicant
1				
2				
3				
4				
5				
6				

A. PROGRAM ACKNOWLEDGEMENT

- I have read and understand the program guidelines provided with this application. All the information provided by me on this application is accurate, complete and true to the best of my knowledge.
- I understand that submitting the required documentation does not guarantee eligibility to the program. Such information will, however, be used to determine if I qualify this program.
- I have provided a true and accurate list of income to the District for 2020 for all household members 18 years and older.
- I understand the utility credit is for the application period (up to 3 months) and it is my responsibility to re-apply for this program for each eligible period.
- I will promptly notify the District if I should move from the above residence.
- I understand any attempt to falsify my information will result in my disqualification from the program for this year and may subject me to civil or criminal penalties.
- I understand if I receive utility relief and do not disclose all sources of disposable income for household members 18 years and older for 2020, the District may recover the actual cost of my utility bills for the period that I was not eligible to participate in the program.

B. LOSS OF INCOME

One or more of the adults in the household who contribute to the payment of utilities:
(please check all that apply)

- Was laid off or lost a job when our place of employment closed.
- Worked fewer hours when our place of employment either closed or reduced worker hours due to the states of emergency.
- Earned less income (if self-employed or an independent contractor) due to a reduction in work from clients who were closed due to the state of emergency.
- Had to leave job because schools were closed and had no childcare.
- Experienced some other impact. Please describe the impact:

This application is good for up to 3 months of assistance. Please indicate the number of months you are eligible for: _____

Please indicate your total 2020 monthly household income for the application period:
\$ _____

C. OTHER FINANCIAL HARDSHIP

During the application period, the household has suffered financial hardship as described below
(explain if applicable):

Attach additional pages if necessary.

D. CERTIFICATION OF FINANCIAL HARDSHIP

The undersigned hereby certifies and attests that:

- 1) Because of the loss of income described above, the household cannot pay the utilities due and have enough money left to pay for rent, food, medical and related expenses, health insurance premiums, child care, and job-related transportation expenses.
- 2) The non-payment of utilities due is caused by a financial impact as described above.
- 3) The household has paid partial utilities, to the extent it can, considering the financial hardship(s) noted above.
- 4) The information provided in this form is a true and accurate statement of the financial hardship the household has experienced.

(If you sign this form, all of the above statements under Sections A-D must be true.)

E. SIGNATURE

I SWEAR UNDER PENALTY OF PURJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED AND ATTESTED AS TRUE, as of the date set forth below:

Signed this _____ day of _____, 20_____

Signature _____

Applicant's Printed Name _____

<i>For District use only</i>	
Date Received _____	Received By _____
Approved By _____	Date _____