

Utility Billing Assistance Program (UBAP)

GENERAL INFORMATION & INSTRUCTIONS Long-term Assistance: 2021/2022 Utility Bill Discount

*This information applies to residents currently paying for water and/or sewer utility services directly to the District.
The program period is July 1, 2021 through June 30, 2022.*

Residents of apartments, condominiums and residential homes who pay for water and sewer service through rent or to a third party must instead refer to the *UBAP Long-term Assistance: 2021/2022 Utility Bill Rebate Instructions*.

Residence: The applicant must reside at the residence and be receiving water and/or sewer service from Sammamish Plateau Water. The District may request proof of residency if needed.

Income: Annual income will be the total annual income from all household members 18 years or older as identified in the 2020 Federal Income Tax return(s). In the absence of a Federal Income Tax Return, the District may consider other documentation of annual income.

2020 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.

2021/2022 Program - Income Qualification Chart (Based on 2020 annual Income)

| 1 person | 2 persons | 3 persons | 4 persons | 5 persons | 6 persons | 7 persons | 8 persons |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| \$50,160 | \$57,360 | \$64,500 | \$71,640 | \$77,400 | \$83,160 | \$88,860 | \$94,620 |

Please attach copy (copies) your 2020 Federal Tax return for each adult living in the household. If you do not file a Federal Income Tax return(s), please provide alternate income documentation where applicable.

Discounts: The water discount is 45% and the sewer discount is 30% off base charges and shall not apply to consumption charges, or any other charges or fees. The discount(s) will be applied to the next subsequent billing after the complete application with documentation has been received and approved by the District.

Filing: The application for discount must be applied for annually for each program period. The program runs from July through June of each year in which the total annual income will be based on the prior year. Applications for the upcoming year will be available after May 1.

GENERAL INFORMATION & INSTRUCTIONS
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Annual household income worksheet

| Annual 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) | | | | |
| Other Income (unemployment, gifts, cash, military pay/benefits, work study earnings) | | | | |
| Total Annual Income | \$ | \$ | \$ | \$ |

Utility Billing Assistance Program (UBAP)

APPLICATION

Long-term Assistance: 2021/2022 Utility Bill Discount

*This application applies to residents currently paying for water and/or sewer utility services directly to the District.
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Residents of apartments, condominiums and residential homes who pay for water and sewer service through rent or to a third party must instead complete the *UBAP Long-term Assistance: 2021/2022 Utility Bill Rebate Application*.

Date: _____ Account #: _____

Applicant's Name: _____

Applicant's Service Address: _____

Applicant's Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

Income qualification: The combined annual 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 2021/2022 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 |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| \$51,160 | \$57,360 | \$64,500 | \$71,640 | \$77,400 | \$83,160 | \$88,860 | \$94,620 |

For each adult member (18 years and older) of your household, you must provide proof of annual income (Federal Tax Return) and proof of identification (Copy of Drivers' License, State ID Card, Passport)

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 | | | | |

Verification of Income

Please indicate your total 2020 annual household income: \$ _____

Please attach copy (copies) of the most recent Federal Tax return for each adult living in the household. If you do not file a federal tax return, please provide alternate income documentation where applicable (for your convenience, a gross annual household income worksheet is attached for your use).

I, the undersigned, under penalty of perjury of the laws of the state of Washington do hereby declare and certify

- 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 rate reduction is for July 1, 2021 through June 30, 2022 only and it is my responsibility to re-apply for this program each year.
- I will promptly notify the District of any change in my financial situation that would disqualify me from receiving the utility discount, or 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.

Signed this _____ day of _____, 20_____

Signature _____

Applicant's Printed Name _____

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