***Annual Limited Income Assistance
FY 2023-24***

***Limited Income Assistance***

The City of Coburg offers a *reduced fee* to income-eligible customers who are having trouble paying their utility bills*;* Ord. A-224-A (11.8).

This is a voluntary, value-added service offered by the City. Below, you will find information about these programs and how to access them.

If you are currently enrolled in the program you must **re-apply** every year during open enrollment. All rates are reset on July 1st.

If you would like to apply, the Limited Income Assistance for your Utility Bill. Application and income verification must be turned in to City Hall by **June 30th, 2023**. The form is available online at [coburgoregon.org](http://www.coburgoregon.org) or at City Hall.

To discuss any issues related to your income and ability to pay your utility bill, contact Coburg Utility Billing at 541-682-7850.

***Utility Billing Assistance***

1. Open enrollment for this program is: **June 1, 2023** to **June 30, 2023**.
Limited Income Assistance will go into effect on your August utility bill that covers your water usage for **July 1-31**.
2. No applications will be accepted after **June 30, 2023**, unless it is for a new account.
3. This is a program providing assistance for residential utility customers in the City Limits.
4. The applicant must provide the total **adjusted gross** incomeof all persons residing permanently at the applicant’s address. A copy of 2022 federal tax return is the preferred supporting documentation.

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**Table 1.** Water/Wastewater Limited Income Assistance Eligibility
 (FPL = Federal Poverty Level)

|  |  |
| --- | --- |
|  | Annual Gross Household Income  |
| Household Size | *< 100% FPL* | *< 125% FPL* | *< 150% FPL* |
| 1 | $14,580 | $18,225 | $21,870 |
| 2 | $19,720 | $24,650 | $29,580 |
| 3 | $24,860 | $31,075 | $37,290 |
| 4 | $30,000 | $37,500 | $45,000 |
| 5 | $35,140 | $43,925 | $52,710 |
| 6 | $40,280 | $50,350 | $60,420 |
| 7 | $45,420 | $56,775 | $68,130 |
| 8 | $50,560 | $63,200 | $75,840 |
| TUF | **$3.04** | **$3.83** | **$4.62** |
| Water | **$29.36** | **$35.36** | **$41.36** |
| Wastewater | **$58.43** | **$64.43** | **$70.43** |

 **Appeals**Applicants may appeal a final denial or revocation of eligibility for assistance by providing a written appeal that explains specifically why they believe the denial or revocation was issued in error. *The appeal must be received no later than 10 days after the denial.* The City Council will review appeals.

**Notifying the City of a Change in Income**If a customer receiving Water or Wastewater rate assistance has a change in income that disqualifies him/her for relief assistance, then he/she must immediately provide written notice to the City of the change, and will no longer receive the assistance beginning the following billing cycle.

 **KEEP PAGE 1 AND 2 OF THIS DOCUMENT FOR YOUR RECORDS**

***Limited Income Assistance Application***

 **for July 1, 2023 to June 30, 2024**

**1. *Site Information*** *(The Physical Location of the Utility Service)*

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , **Coburg, OR 97408**

**2. *Applicant Information***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. *Property Owner Information*** *(If Different Than Applicant)*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In signing this application, I have read and acknowledge all of the terms presented in the associated
document entitled *Limited Income Assistance for Water and Wastewater*.I agree to abide by the
regulations of the City Water and/or Wastewater Ordinances, Resolutions, and procedures.
This application is a written request for assistance and does not bind the City to provide assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature****Date**

Bring a copy of written evidence/identification reasonably providing that the applicant for Low Income Assistance is a *residential utility customer* and that the total adjusted gross income taxes of all persons residing permanently at the address. *2022 federal tax return is the suggested supporting documentation*.

*[For Official Use]*

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**CERTIFICATION:**  *Account Number* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ **APPROVED**  ❑ 100%FPL ❑ 125%FPL ❑ 150%FPL

❑ **DENIED Reason:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Recorder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Limited Income Assistance Income Verification***

To qualify for Limited Income Assistance, the City must validate your income for last calendar year 2022. This includes ***all income*** from ***all sources***:

* Income - Copy of IRS Form 1040 or Form 1040A for 2022
* Social Security – *Statement of Benefits* from Social Security
* Additional Retirement Income – copy of check or deposit
* Interest from investments, savings, certificates, etc. – copy of statements
* Income from real estate sales or rentals – copy of payment schedule, income statement from holding company or copy of check

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NUMBER OF HOUSEHOLD MEMBERS: \_\_\_\_\_\_\_\_\_\_\_

Summarize total adjusted gross income for all household members from last calendar year, January 1, 2022 to December 31, 2022:

1. Wages, salaries $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Social Security Income Taxable Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Retirement/Pension Taxable Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. All other income, unemployment, alimony, $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ child support, rental income etc.

 TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I certify that the information I have provided is true and correct. If, at any time, it is revealed that income reporting is falsified, I will be responsible for repaying the City any associated foregone revenue and administrative costs related to the case.*

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Verified Income:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** The City does not retain verification documents they are immediately returned to applicant.