CITY OF PRIEST RIVER

P.O. Box 415 552 High Street, Priest River, ID 83856 (208) 448-2123 Fax (208) 448-2232



UTILITY DISCOUNT PROGRAM

Customers that qualify for this program will receive a discount of 25% of the base unit charge of the water and wastewater utility service charges of their personal residence providing they meet the following criteria:

- 1. Applicant must be the owner of the home as recorded by Bonner County; and,
- 2. Applicant's annual household income must be at or below 150% of the Federal Poverty Level as shown on the Utility Discount Program Application; and,
- 3. Applicant must have the utility account in their name; and,
- 4. The application must be completed with the name, age, relationship to the account holder, and annual income of all household occupants, signed, and returned; and,
- 5. Applicant must apply each year during the month of April. If the renewal is not received by April 30th, the account will be taken off the reduced rate program with no further notice.
- * If you currently qualify for Bonner County's Property Tax Reduction Program, you will be approved with the submission of the receipt from Bonner County along with this application.

This discount applies to the base unit charge of the water and wastewater service charges only. Allowable water consumption under this discounted service charge is 10,000 gallons/month. Improvement bond charges and water overage consumption charges will not be discounted.

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QUALIFICATION GUIDELINES FOR UTILITY DISCOUNT PROGRAM

HOUSEHOLD SIZE	ANNUAL GROSS INCOME*	
1	\$21,870	
2	\$29,580	
3	\$37,290	
4	\$45,000	
5	\$52,710	
6	\$60,420	
7	\$68,130	
8	\$75,840	
Each Additional Family Member	+ \$5,140	

^{*150%} of the 2023 Federal Poverty Level for the 48 Contiguous States

To determine your eligibility, please fill out the attached form listing all household members, their age, their relationship to the account holder, and all annual gross income.

You must attach supporting documentation for each household member earning income, such as:

- A complete copy of your previous years' Federal Tax return if your Total Annual Gross Income is more than \$13,000; or,
- A complete copy of your previous years' Federal Tax return if you have more than one source of income; or,
- Copies of all Benefit Statements if your only source of income is received from Social Security.

EVEN THOUGH YOU MAY HAVE QUALIFIED LAST YEAR FOR THIS PROGRAM, YOUR ELIGIBILITY MUST BE RE-ESTABLISHED EVERY YEAR.

^{*} If the above do not apply, please provide copies of other documentation for all sources of income for each household member.

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Applicant Name:



UTILITY DISCOUNT PROGRAM APPLICATION

Account Number:	Phone Number:		
Service Address:			
Mailing Address:			
•		ce address, their age, their relome. Please use the back o	
NAME	AGE	RELATIONSHIP TO ACCOUNT HOLDER	ANNUAL GROSS INCOME
I hereby apply for a 25% disc	count of	AFFIDAVIT f my water and wastewater ba	ase utility charges, and
swear that the above inform personal residence only. I ubefore April 30th to ensure the understand that providing fall and subject to a fine of up to	ation is understand hat this se, inco \$300.0 scount	Clerk the right to verify the is correct and that this discous and that this request must be discount will continue without amplete or misleading information and/or imprisonment and we program and disqualification gram.	int is requested for my be renewed each year ut interruption. I further ation is a misdemeanor vill result in the removal
Signature:	, ,		ate:
Application Received By:			