



City of Toledo

130 North 2nd Street • PO Box 236 Toledo Washington 98591
Phone: 360.864.4564

City of Toledo Water Service Protection Application for Low-Income Seniors

This application is for low-income senior residents (65 and older) seeking assistance under Resolution No. 300A, which provides deferred payment, reduced payments, or arrearage forgiveness options to prevent water service shutoffs. Please fill out all sections and submit required documentation.

Applicant Information

- **Full Name:** _____
 - **Date of Birth:** _____
 - **Address:** _____
 - **City, State, Zip Code:** _____
 - **Phone Number:** _____
 - **Email (optional):** _____
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Eligibility Criteria (Check all that apply)

- ☐ I am aged 65 or older.
- ☐ My household income is at or below 200% of the federal poverty level.
- ☐ I have an active water account with the City of Toledo.
- ☐ I do not have any open home code violations.

Please provide documentation to support each criterion, such as ID for age verification, proof of income, and utility bill.

Program Options (Select the option you are applying for)

- ☐ **Deferred Payment Plan:** I request to divide overdue balances into equal monthly installments over six months, added to my current bimonthly charges.
- ☐ **Reduced Payment Program:** I request a temporary reduction in monthly water payments based on income and water usage (usage must be under 3,000 gallons bi-monthly).

Updated 2026

☐ **Arrearage Forgiveness:** I request partial forgiveness of remaining balances upon successful completion of a deferred payment plan, subject to fund availability.

Required Documentation

Please attach the following:

1. **Proof of Age:** Government-issued ID showing date of birth.
 2. **Proof of Income:** Recent tax return, pay stubs, or benefit statement.
 3. **Proof of Water Account:** Recent City of Toledo water bill.
 4. **Certification of No Open Code Violations** (*City staff will verify*)
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Agreement and Signature

I certify that the information provided is true and complete to the best of my knowledge. I understand that providing false information may disqualify me from receiving assistance. I authorize the City of Toledo to verify my eligibility for this program.

Signature: _____ **Date:** _____

Submission Instructions

Please submit your completed application and documentation to City Hall in person, by mail, or via the City's designated email for utility assistance.

City Hall Address:

City of Toledo
130 N. Second Street
Toledo, WA 98591

Contact Information:

Phone: (360) 864-4564
Email: utilities@toledowa.us

For Office Use Only

Date Received: _____

Application ID: _____

Eligibility Verified: ☐ Yes ☐ No

Approval Date: _____

Notes:
