



City of Toledo

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

Reduced Water Rate Program Application for Low-Income Residents

City of Toledo, Washington

Name: _____

Service Address: _____

Account Number: _____

The City of Toledo offers a Reduced Water Rate Program to support low-income residents in maintaining access to essential water and sewer services. Eligible applicants can receive a discounted utility rate if they meet specific criteria. Residents must reapply each year to maintain eligibility.

Income Eligibility Reference:

To qualify, total household income must be at or below 50% of the Area Median Income (AMI) for Lewis County, Washington, for your household size.

Household Size 50% of AMI (2025)

1 Person	\$40,850
2 Persons	\$46,700
3 Persons	\$52,500
4 Persons	\$58,350

Eligibility Requirements

To qualify for this program, applicants must:

___ **Meet the income requirement** (50% of AMI based on household size).

___ **Be 65 years of age or older** or be part of a low-income household.

___ Currently have and maintain water usage at or below 3,000 gallons per billing cycle.

___ Hold an active water account with the City of Toledo.

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____ Reside at the property being served. The utility account must be in the applicant's name.

- If the applicant is leasing or the account is not in their name, the property owner must complete the Property Owner Attestation.

____ Have no City Code violations or unmet payment plans within the past 12 months.

____ Be the primary resident or head of household.

Exceptions:

- Residents living in federally subsidized housing or low-income citizens receiving short-term disability benefits (less than 12 months) are not eligible.
- Only one rate reduction per household is allowed.

Application for Reduced Water Rate Program

Applicant Information

Full Name (as shown on your water bill): _____

Address (as shown on your water bill): _____

Phone Number: _____. Email Address: _____

Date of Birth (MM/DD/YYYY): _____

Utility Account Information

Utility Account Number: _____

Is the utility account in your name? ☐ Yes ☐ No (If No, property owner must complete the Property Owner Attestation section.)

Household Information

Total Household Members: _____

Is the applicant aged 65 or older? ☐ Yes ☐ No

Income Eligibility

Please provide proof of household income (attach one or more of the following):

☐ Social Security Statement

☐ Federal Tax Return

☐ Other (please specify): _____

Water Usage Commitment

____ I agree to maintain water usage below 3,000 gallons per billing cycle. I understand that exceeding this limit will result in standard Tier 1 rates for that cycle. In case of a leak, I will contact City Hall to complete a leak forgiveness form.

Certification

I certify that all information provided on this application is true and accurate. I understand that providing false information will result in disqualification from the program and may result in repayment of discounts received, along with potential misdemeanor charges.

Signature: _____ Date: _____

Property Owner Attestation (if applicable)

I, _____ (property owner), confirm that the applicant resides at the property and has my permission to apply for the Reduced Water Rate Program.

Signature: _____ Date: _____

Contact Information: _____

Submission Information

Submit completed applications to City Hall (130 N. 2nd Street / PO Box 236, Toledo WA 98591) before March 31st. Contact City Hall at 360-864-4564 with any questions or for assistance.

Reminder: Applicants must renew annually and meet all eligibility requirements to continue receiving reduced rates. Any questions or concerns can be addressed to City Hall staff.

Treasurer Approval

Utilities Clerk Approval

Updated 2026