CITY OF KETTLE FALLS

LOW INCOME SENIOR / DISABLED CITIZENS
UTILITY RATE REDUCTION APPLICATION

PHONE: (509) 738-6821 FAX: (509) 738-4577

APPLICATION DATE: _____

NAME: _____

CITY OF KETTLE FALLS UTILITY ACCOUNT NO: _____

STATE OF WASHINGTON

AFFIDAVIT AND CLAIM

County of Stevens

Under penalty of perjury, I declare as follows, I _____, hereby make the following claim for low income senior/disabled citizen utility rates in the City of Kettle Falls, Washington, pursuant to City of Kettle Falls Ordinance Nos. 1309 & 1519 N.S., and all statements contained herein are true to the best of my knowledge and belief:

A. I (please circle one) **AM / AM NOT** responsible for paying the utility charges on the above referenced utility account.

B. My street address is _____

C. My mailing address is _____

D. My phone number is _____

E. Please check one of the following:

_____ I am 62 years of age, or older (Senior Citizen)

_____ I am a disabled person and am unable to pursue an occupation because of physical or mental impairment. My disability is evidenced by the attached doctor's signed statement. (Please attach doctor's signed statement.)

F. I (circle one) **OWN / RENT** my place of residence and it is individually served by a single water meter within the city limits of Kettle Falls, WA.

G. I (circle one) **DO / DO NOT** reside in federally subsidized housing within the city limits of Kettle Falls, WA.

Name:_____ Account No:_____

H. Monthly/Annual Income:

Income Type	Applicant	Co-Tenant(s)
Social Security	$_____	$_____
Supplemental Social Security (SSI)	$_____	$_____
Veteran Affairs (VA)	$_____	$_____
Retirement/Pensions	$_____	$_____
Salary (include pay stubs)	$_____	$_____
Other (specify):_____	$_____	$_____
Other (specify):_____	$_____	$_____
TOTAL:	$_____	$_____

Resources:

Resource Type	Applicant	Co-Tenant(s)
Bank Accounts	$_____	$_____
Stocks/Bonds	$_____	$_____
Real Property (not residence)	$_____	$_____
Other (specify):	$_____	$_____
Other (specify):	$_____	$_____
TOTALS:	$_____	$_____

** I declare under penalty of perjury that the income and resource information given by me in this declaration is true, correct, and complete to the best of my knowledge and I realize that willful falsification of this information by me may subject me to penalties as provided in City Ordinance No. _____**

I UNDERSTAND THAT I MUST REPORT ANY CHANGES IN MY INCOME AND/OR RESOURCES. I ALSO UNDERSTAND THAT I MUST RE-APPLY EACH BENEFIT YEAR.

Name:_____ Account No:_____

I. My combined annual household income is less than the amount specified on the attached INCOME ELIGIBILITY TABLE (see page 5) for a:

(Please check one)

_____ 1-person household

_____ 2-person household

_____ 3-person household

_____ Other (please specify) _____

_____ Income Tax Return provided for review.

_____ I am not required to file with the IRS.

**This income figure includes all earned income, including that of any spouse or co-tenant, as well as any retirement income, social security benefits, disability benefits, investment income, interest income, capital gains, and net rental income from real estate. My assets do not exceed $35,000 exclusive of one vehicle (for disabled persons, 2 vehicles if one has been substantially modified for use by a disabled person), and the lot and residence for which the reductions has been made.

PLEASE **DO NOT** SIGN UNTIL PRESENTED TO THE CLERK/TREASURER'S OFFICE.

_____

Signature of Applicant Date

_____

Witness (City Representative) Date

FOR CITY USE ONLY:

_____ Income Verified

Status Verified:

_____ Disabled

_____ Senior Citizen

Total Annual Income $_____

LOW INCOME SENIOR CITIZEN – Means any person sixty-two (62) years of age or older and whose combined household income, including that of his or her spouse or co-tenant(s), is at or below one hundred percent (100%) of the federally established poverty level.

LOW INCOME DISABLED CITIZEN – MEANS (i) a person qualifying for special parking privileges under RCW 46.19.010(1) (a) through (f), (ii) a blind person as defined in RCW 74.18.020, or (iii) a disabled, handicapped, or incapacitated person as defined under any other existing state or federal program whose combined household income, including that of his or her spouse or co-tenant(s), is at or below one hundred percent (100%) of the federally established poverty level.

INCOME ELIGIBILITY THRESHOLD – For purposes of this program, the income eligibility threshold is based on one hundred percent (100%) of the federally established poverty level.

The residential dwelling unit must be occupied and used by the applicant(s) as his or her residence and be within the city limits of Kettle Falls, WA.

Combined household income, including that of his or her spouse or co-tenant, from all sources for the preceding calendar year, shall be less than the specified amount for household size. Income shall include earned income as well as retirement income, social security benefits, disability benefits, investment income, interest income, capital gains, and net rental income from real estate. Assets shall not exceed **$35,000** exclusive of the residence and lot applied for, and one (1) vehicle (for disabled person, two (2) vehicles if one has been substantially modified for use by a disabled person).

ANNUAL FILING, BENEFIT & QUALIFYING YEAR – Application shall include the income tax return, and all 1099's of the applicant and all persons residing with the applicant.

Applications for rate reduction must be filed with the Clerk/Treasurer by April 15th for the Benefit Year.

The Benefit Year starts with the June billing and ends with the May billing.

Application for base rate reduction can be made prior to the 15th day of any month of the benefit year and base rate reduction will commence with the billing of the second month after application and shall expire at the end of the benefit year. Applicant must provide a copy of the most current year income tax return and all 1099's.

***Re-application will be required on an annual basis.

Application shall be in the form of an affidavit prepared by and provided to any requesting applicant by the Clerk/Treasurer of the City of Kettle Falls. The affidavit shall be signed by the applicant or by his or her attorney-in-fact.

APPLICATION DOCUMENTS -The Clerk/Treasurer may request the applicant to provide documentation in support of the affidavit and the applicant shall provide the Clerk/Treasurer with any documentation requested prior to approval of the application.

ELIGIBLE HOUSING – A low income senior citizen or low income disabled citizen who establishes their eligibility in accordance with the procedures set forth, herein and is the owner, contract purchaser, or lessee of a residential dwelling unit, connected to or served by the water/sewer service systems operated by the City of Kettle Falls that has individual service with

a single water meter and who is responsible for payment for those service. **Persons residing in federally subsidized housing are not eligible for base rate utility reductions under Ordinance # _____.**

BASE RATE REDUCTION: QUALIFICATION – The Clerk/Treasurer shall determine whether the applicant is qualified for a base rate utility reduction under this program and shall provide written notification to the applicant of this decision. Only one (1) base rate reduction shall be permitted per household.

ORDINANCE NO. 1804

AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF KETTLE FALLS, STEVENS COUNTY, WASHINGTON, ESTABLISHING REDUCED BASE RATES FOR WATER, SEWER AND REFUSE SERVICES TO LOW INCOME SENIOR CITIZENS AND LOW INCOME DISABLED CITIZENS. IN MEMORY OF CITY COUNCIL MEMBER JOHN ANDREW, WHO BELIEVED VERY STRONGLY IN HELPING THE LOW INCOME RESIDENTS OF KETTLE FALLS.

In order to help provide Low Income Senior Citizens and Low Income Disabled Citizens the ability to live in and retain their own home.

WHEREAS, Councilmember John Andrew, worked diligently to create a reasonable discount for the city utility rate to help the low income seniors and low income disabled citizens of Kettle Falls;

WHEREAS, Councilmember Andrews passed away on May 24, 2022, days before the ordinance he had worked so hard on came before City Council;

IT IS HEREBY ORDAINED BY THE CITY COUNCIL OF THE CITY OF KETTLE FALLS AS FOLLOWS:

SECTION 1: Purpose and Authority

The purpose of this ordinance is to establish the base rate to be charged for water, sewer and refuse services as the same apply to certain low income senior citizens and low income disabled citizens, as defined by this ordinance. This ordinance is based upon the authority provided by RCW 74.38.070 (1). This Ordinance is passed in memory of councilmember John Andrew who made it his mission to provide some financial relief for those individuals in the community who are low income elderly or low income disabled.

SECTION 2: Definitions

1. "Low Income Senior Citizen" means any person sixty-two (62) years of age or older and whose combined household income, including that of his or her spouse or co-tenant(s), is at or below one hundred percent (100%) of the federally established poverty level.

2. "Low Income Disabled Citizen" means (i) a person qualifying for special parking privileges under RCW 46.16.381 (1)(a) through (f), (ii) a blind person as defined in RCW 74.18.020, or (iii) a disabled, handicapped, or incapacitated person as defined under any other existing state or federal program whose combined household income, including that of his or her spouse or co-tenant(s), is at or below one hundred percent (100%) of the federally established poverty level.

3. "Base Rate" means the following:
   a. For water service, it shall mean the "monthly water user base rate" set forth in Ordinance No. 1781, as the same may be amended from time to time;
   b. For sewer service, it shall mean the monthly sewer user base rate set forth in Ordinance No. 1740, as the same may be amended from time to time;
   c. For refuse service, it shall mean the "monthly residential rate for a thirty-two (32) gallon can" as set forth in Ordinance No. 1805,, as the same may be amended from time to time.

4. "Income" shall include all combined household income, including that of the Applicant's spouse or co-tenant(s), from all sources for the preceding calendar year and shall be less than the specified amount for household size. Income, shall include earned income as well as retirement income, Social Security benefits, disability benefits, investments income, interest income, capital gains and net rental income from real estate.

SECTION 3 Base Rate Reduction Amount

The base rate for water, sewer and refuse services shall be reduced by fifty percent (50%) for any person who is eligible for such reductions under the terms of the Ordinance. The reduction amount for refuse services may be applied to any residential size container.

SECTION 4 Income Eligibility

Any low income senior citizen or low income disabled citizen, who is the owner, contract purchaser, or lease, of a residential dwelling unit with the city limits of the City of Kettle Falls, connected to or serviced by, the water, sewer or refuse utility service systems operated by the City of Kettle Falls, and who is responsible for payment for those services, is entitled to a base rate reduction for those services, after establishing their eligibility for the same in accordance with the procedure set forth in Section 5.

SECTION 5 Application Process

Any person wishing to establish their eligibility for the base rate reduction provided for herein shall submit an application to the Clerk/Treasurer of the City of Kettle Falls, on such forms as shall be provided.

Application for base rate reduction by new users can be made prior to the 15th day of the month of the benefit year and rate reduction will commence with the billing of the second month after application and shall expire after the end of the benefit year.

Application for the base rate reduction must be made annually and must be filed with the Clerk/Treasurer not later than April 15th of said year in order to become eligible for each benefit year which shall commence June 16th of said year and shall expire

June 15th of the following year; provided further that eligibility must be re-established through a reapplication process each year.

All applications and re-applications must:

1. Include a signed copy of the Federal Income Tax Return for the calendar year prior to the benefit year if the applicant and all persons residing with the applicant unless the filing is not required by law; if tax return is not required, a copy of the Social Security letter defining benefits for the year may be substituted, and

2. Affidavits of the applicant and all persons residing with the applicant, setting forth all amounts and sources of income for the calendar year preceding the application.

SECTION 6 Exceptions and Limitations

Notwithstanding the above provisions, eligibility for the base rate reduction shall not be available to any person who resides in federally subsidized housing. Further, a base rate reduction shall not be available to more than one person per household.

SECTION 7 Penalty for False Information

Any individual who provides false information to the City of Kettle Falls in an application for reduced utility rates shall forfeit the Low Income Senior or Low Income Disabled Citizen's eligibility for future reductions in utility rates and shall be guilty of a misdemeanor. Additionally, the Low Income Senior Citizen or Low Income Disabled Citizen shall be required to repay the amount of any utility discount received based upon false information, together with interest at the rate of twelve percent (12%) until repaid in full.

SECTION 8 Severability

If any portion of this Ordinance is found to be void or unenforceable, it shall not effect any other portion of this Ordinance

SECTION 9

This Ordinance shall take effect and be in full force five days (5) days from its passage, approval and publication.

PASSED by the City Council of the City of Kettle Falls this 7th day of June, 2022.

Approved:

Jesse Garrett, Mayor

Attest:

Raena L. Hallam, Clerk/Treasurer

Approved as to form:

Logan Worley, City Attorney

The foregoing ordinance was presented for adoption by Council Member Dale Drake and seconded by Council Member Michael Weatherman. Upon a vote, there were 4 ayes, and 0 nays and 0 absent.