

INCOME-BASED DISCOUNT PROGRAM

The City offers a sliding scale, income-based discounted utility rate to qualifying households. This discount is available to utility customers whose primary residence is serviced by the City of Port Townsend’s utility infrastructure. The discount may be applied to City utilities (Water, Sewer, Stormwater) and/or City-mandated Solid Waste services through Olympic Disposal. Garbage discount applies only to customers inside City limits, who are required to have mandatory garbage collection.

APPLICANT QUALIFICATIONS

- Currently resides in and applying for a dwelling unit serviced directly by the City’s utility system
- Billed by the City for utilities and/or Billed by Olympic Disposal for solid waste utilities
- Head of household or spouse of head of household
- Meets income qualifications listed in the table below
- Can provide sufficient documentation of all income for all household member

2025 Income-Based Guidelines

Household Size	Tier 1: 75% Discount		Tier 2: 50% Discount		Tier 3: 25% Discount	
	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income
1	\$2,600	\$31,300	\$3,910	\$46,950	\$4,560	\$54,775
2	\$3,520	\$42,300	\$5,280	\$63,450	\$6,160	\$74,025
3	\$4,440	\$53,300	\$6,660	\$79,950	\$7,770	\$93,275
4	\$5,350	\$64,300	\$8,030	\$96,450	\$9,370	\$112,525
5	\$6,270	\$75,300	\$9,410	\$112,950	\$10,980	\$131,775

Combined household income for all applicants must fall within the above income guidelines, based on 2025 Poverty Guidelines. Tier 1 (200% poverty level) qualifies for a 75% discount off base rates. Tier 2 (300% poverty level) qualifies for a 50% discount off base rates. Tier 3 (350 % poverty level) qualifies for 25% off base rates. Garbage discounts are offered at 50% discount only for qualifying applicants who are required to have garbage collection.

If you are applying under the Senior or Disabled category, your application must be renewed every 3 years. All other income-qualifying households must renew every year.

NOTICE ON CHANGE OF STATUS: If anyone in the household experiences a change in income or disability status which might disqualify the discounted rate, you must immediately notify the Utility Department. Failure to do so will result in the City billing you at the full rate starting on the date you became ineligible. Discount customers moving to another residence serviced by City utilities and/or Olympic Disposal must reapply for the discount

Deadline: Complete applications received by the 20th of each month will be considered for the month in which they are submitted. We recommend submitting your application as early in the month as possible.

For more information, email ptutilities@cityofpt.us or call 360-379-4409



INCOME-BASED DISCOUNT APPLICATION

Account Holder Information

Name(s): _____ Account No: _____
 Service Address: _____ Port Townsend, WA, 98368
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Phone no. 1: () _____ Phone no. 2: () _____ Email: _____

Household Information

Including yourself, how many people live in your household? ___(adults) + ___(children) = ___(total members)

Please provide information for all members living in your household. For any members ages 18 and older, provide annual gross income or declaration of no income. See page 2 for a calculation worksheet and no income declaration form.

Name	DOB	Annual Income
		\$
		\$
		\$
		\$
		\$

Total Income for All Contributing Household Members: \$ _____

Required Documentation

Refer to page 2 for required documentation worksheet and attach all documentation to your application.

- All applicants: I have attached all required documentation for each household member age 18 and older
- Senior (age 62 and older): I have attached a copy of my ID/Passport/Birth Certificate to verify my age.
- Disabled: I have attached proof of disability status.

Declaration

I declare under penalty of perjury under the laws of the State of Washington that all of the statements on this application are true. Any false statement on this form will result in a loss of eligibility and could be subject to a maximum fine of \$1,000. IF MY APPLICATION IS APPROVED, I WILL NOTIFY THE UTILITIES OFFICE IMMEDIATELY OF ANY CHANGES TO THIS INFORMATION THAT COULD AFFECT MY ELIGIBILITY STATUS. If I do not report a change in any of the above statements or conditions that would disqualify me for the discount, I agree to pay back all discounts that I was not eligible for. If this application is challenged for any reason, I agree to sign a release that will allow the City to verify the information on this application with the Internal Revenue Service or other sources

Signature: _____ Date: _____

For Office Use Only Below This Line	
Reviewed by: _____	Date: _____
Approved by: _____	Date: _____
Application Approved: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Discount: _____ Start Date: _____ End Date: _____	
<input type="checkbox"/> Rate Update _____	<input type="checkbox"/> Notes _____ <input type="checkbox"/> Letter Sent

Income & Documentation Worksheet

Please fill out this sheet and attach along with your signed application.

We ask that all applicants include as much supporting documents as possible for faster approval.

1. Has anyone in your household received a certification letter from any of the following? Yes: No:

- | | |
|---|--|
| <ul style="list-style-type: none"> • LIHEAP/OLYCAP • DSHS Food Assistance • Veterans Disability Benefits | <ul style="list-style-type: none"> • Supplemental Security Disability Income • WA Health Care Authority • Washington Apple Health |
|---|--|

If yes, please include a copy of each certification letter for each qualifying household member

2. Do you or anyone in your household file annual taxes?

Yes: Please include a complete copy of most recent tax return for each household member.

No: Please provide three most recent months of bank statements (all accounts) for each member.

3. The following form shows types of income are considered. Please complete this form to calculate total annual income. You must provide documentation for each type of income located. You may print additional copies of this form for each member, or combine all earnings into one form. Please note that if you combine household income into one form, you must still include supporting documentation for each household member with an income.

Type of Income	Monthly	Annual	Documentation attached			
Earnings / Wages						
Self-Employment						
Unemployment						
Workers' Comp.						
Social Security						
Trust Income						
Pension Income						
Retirement Income						
Survivor Benefits						
Veterans Benefits						
Rental Income						
Royalty Income						
Capital Gains						
Investment Income						
Dividends						
Disability Benefits						
Alimony / Child Support						
Misc. Income						
Total Income	monthly:		annual:			

No Income Declaration

Any household member over the age of 18 who does not earn an income must fill out the below. Please print additional copies if needed.

I, _____, have applied for, or belong to a household that has applied for the City of Port Townsend's Income-Based Discount Program. I certify that I have no income at this time. I have not received income since _____ (date). I do not expect to receive any income until _____ (date).

Please explain below how you pay for other living expenses such as food, rent, phone, utilities, medical, etc.

I declare under penalty of perjury under the law of the State of Washington that this statement is true and correct. I understand that any misrepresentation of information or failure to disclose a change in qualifying status may disqualify me from participating in the Income-Based Discount Program, and that I will be required to repay any discounts the household received

Signature: _____ Date: _____