



Water Quality Protection
Surface Water Management
Wastewater Collection & Treatment

Greg Geist
Director

Dear Water Environment Services Customer:

Water Environment Services, on behalf of Clackamas County Service District No. 1, is able to offer, to those customers who meet the low income guidelines and have a current paid account, a reduction of 50% off the sanitary sewer portion of their monthly Sanitary Sewer and Surface Water bill. Low income discounts are not applicable to Surface Water charges.

All approved accounts are reviewed annually to continue receiving the discount and a new application with current income documentation must be submitted.

To apply for this discount, please complete the application on the reverse side of this letter and submit it with the required income documentation. Upon receipt of these required documents, your application will be reviewed for eligibility and processed accordingly.

If the application is approved, the sanitary sewer fee reduction shall become effective with the billing following the approval and will continue for one year. The 2016 qualifying maximum gross annual income for a single resident is \$21,978.00 and \$29,637.00 combined maximum income for all persons residing in the residence.

If you have any questions, please do not hesitate to contact our office at 503-742-4567. Our hours of operation are Monday through Thursday, 7:30 a.m. to 5:30 p.m.

Thank you,

Water Environment Services on behalf of Clackamas County Service District No. 1

Если Вы не разговариваете на-английском, пожалуйста позвоните по номеру 503-742-4567 и мы назначим вам встречу с переводчиком.

Si requiere servicio de interpretacion por favor llame a esta oficina al 503-742-4567 Sera un placer arreglarle una cita con alguien que le pueda asitir.



Water Environment Services
 A Department of Clackamas County
 150 Beaver Creek Rd. Suite 430, Oregon City, Oregon 97045
 Phone # (503) 742-4567 Fax # (503) 742-4565
 Tax ID No. 93-6002286



**APPLICATION FOR REDUCTION OF SANITARY SEWER USER CHARGES
 FOR LOW INCOME CITIZENS**

I (we) hereby request Water Environment Services (WES) to reduce the sewer user charges based on the following information (Please Print):

Account No.:		Telephone No.:	
Name:		Address:	
City:	State:	Zip:	
Email Address:			
Other persons occupying the residence:			
Name:		Relation:	

The **2016** qualifying maximum gross annual income for a single resident is \$21,978.00 and \$29,637.00 combined maximum gross income for **all** persons residing in the residence. You must prove your single or combined maximum gross annual income to the satisfaction of WES, and hereby consent to provide all information deemed necessary to make such determination. Service to the property for which reduction is sought must be the principal residence of the person billed for service.

<input type="checkbox"/> Single Resident Maximum – Under \$21,978.00 (Gross)	<input type="checkbox"/> Combined Residents Maximum – Under \$29,637.00 (Gross)
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For proof of income, applicants must submit either the one item from Column A or two items from Column B. Include gross income from all sources for all persons living at this address. Documents will not be returned so please send copies only. Confidential information such as social security numbers may be redacted by the applicant.

Column A

Most recent Federal Income Tax Return
**With all the schedules attached*

Column B (2 items)

- SNAP or TANF award statements
- W-2 forms
- Official year-end income statements
- Social Security/SSI benefit statement (1099)
- SS/SSI annual benefit letters
- Pension award statements

IMPORTANT NOTE: If this application is approved, the sanitary sewer user fee reduction shall become effective for the next billing. If approved, this application will entitle you to reduced billings for a one-year period ending June 30th. Each year your account will be reviewed to continue the discount. At that time you must complete a new application and provide current income documentation for review. **Please note accounts must be paid current to qualify for the discount.**

Under penalties of false swearing, the undersigned, state that forgoing information is true and correct. I/We further agree to immediately notify the district of any change in the above information.

Applicant's Signature	Date	Applicant's Signature	Date
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For Office Use Only			
Received By: _____	Date: _____	Approved <input type="checkbox"/> Denied: <input type="checkbox"/>	Effective Date: _____
Comments: _____			
Accounting Input by: _____	Date: _____	Decision Letter Sent by/Date : _____	