



Where Life is Sweet

# City of Hermiston Reduced Utility Rate Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Dependents in Home: \_\_\_\_\_ Age of Dependents: \_\_\_\_\_

Do you Rent or Own your home?      Rent       Own       Monthly Mortgage/Rent Payment: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employment/Income

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

(Please provide W2, Federal/State Income Tax Return, Pay Stub, SSI, Social Security Disability, Unemployment, Pension, VA or other proof of income)

The committee appointed by the City Council relies upon, along with other criteria, the following Poverty Level Guidelines established by the US Department of Health and Human Services <https://aspe.hhs.gov/poverty-guidelines>

Total Family Size	Annual Income
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

For families with more than 8 persons add \$4,420 for each additional person

**Statement of Need**

Please explain why you are requesting the reduced rate. State any reasons that the committee should know to help them understand your request.

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**Statement**

I swear or affirm that the information provided on this application is true and correct, and that I am applying for a reduced rate benefit from the City of Hermiston. I understand that my account must be in good/current status before the benefit will be calculated.

I hereby request a reduced monthly rate of:      Water: 1/2 of current rate  
Sewer: 1/2 of current rate

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date Received: \_\_\_\_\_

Account Current

Approved      By: \_\_\_\_\_

Billing Cycle to Begin: \_\_\_\_\_

Denied      Date: \_\_\_\_\_

Need More Information to complete:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_