



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 2019 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.

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:

