

CITY OF SUMAS UTILITY BILLING

Energy Assistance Programs

Submit applications to Sumas City Hall or e-mail abons@cityofsumas.com

The City of Sumas has three Energy Assistance Programs available currently. Please review the descriptions and criteria for each program to determine if your household may qualify and benefit from any of the available programs.

Available Programs

Electric Base Fee Waiver:

The Electric Base Fee Waiver is an energy assistance program fully funded by the City of Sumas. This program allows the City of Sumas to waive the electric base fee on the electric bill of approved applications. This program is available to all households who meet the qualifying requirements.

Qualifying Criteria:

- 1. Applying person must be on the utility account.
- 2. Total household income must be at or below the income threshold. (Please see attached income thresholds.)

Senior Electric Discount Program:

The Senior Electric Discount Program is an energy assistance program that is fully funded by the City of Sumas. This program allows for every qualifying household to receive a 5% discount on their electric bill.

Qualifying Criteria:

- 1. Applying person must be on the utility account.
- 2. Total household income must be at or below the income threshold. (Please see attached income thresholds.)
- 3. Age 62 or older

Electric Bill Donation Recipient Program:

The Electric Bill Donation Recipient Program is fully funded by donations that are received by the City of Sumas. Any donations that are received by the City will be held in a fund until December of each year. In December all donations received in the previous year will be distributed equally to all approved qualifying applicants' electric bill. This program is determined based on donations received; there is no guarantee of the amount of funds that will be available to distribute. If there are no donations received, there will be no funds available to apply to utility accounts.

Qualifying Criteria:

- 1. Applying person must be on the utility account.
- 2. Total household income must be at or below the income threshold. (Please see attached income thresholds.)

How to Apply:

- Complete the attached application form.
- Attach verification documents
- Submit application and documents to the Utility Billing Clerk

***Income thresholds are based on 200% of the Federal Poverty Level or 80% Area Median Income, whichever one is greater. Proof of income and identification must be provided, and once income is verified this documentation will be shredded.



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| Programs: (check all that you wish to | apply for) | | | |
|--|---|---|--|--|
| Electric Base Fee Waiver Senior Electric Discount (must be age 62 or older) Donation Recipies | | | | |
| Qualifying Income Criteria: • Annual household income at or below: • Single Person: \$60,700 • Two-Person: \$69,400 • Three-Person: \$78,050 | | Based on 200% FPL or 80% AMI (whichever is greater) established by the U.S. Department of Health & Human Services. *Full income criteria attached. | | |
| Utility Account Number: | | Date: | | |
| Name: | | | | |
| Service Location Address: | | Phone: | Phone: | |
| City: | State: | Zip Code | Zip Code: | |
| Number of people living at thi | is address: | | | |
| TOTAL Annual Household In | The documents use verification. All inf | d to verify your income formation provided will i | will be destroyed after remain confidential. | |
| Ψ | City records are subject to the Washington Public Records Act RCW 42.56 | | | |

Please attach documents that verify identity and household income. Below are suggestions for documents which are acceptable as verification of identity and income.

- Social Security Benefit Statements
- Last Year's Federal Tax Return
- Driver's License or Passport

By signing this application, I certify that the information I have provided is true and accurate. I agree to provide the necessary information requested to approve this application. I agree to inform the Utility Billing Clerk if I no longer qualify to receive energy assistance. I will notify the Utility Billing Clerk if I move from this address, sell, or transfer ownership of my home.

I understand that the information provided is subject to audit and investigation by the City of Sumas. I also understand that if I receive reduced rates without meeting the qualification guidelines, I will be required to pay back the discount received. I accept these terms and acknowledge the City may amend the policies governing the Energy Assistance programs at any time.

Any person who knowingly makes a false claim on this application is guilty of a misdemeanor and <u>m</u> C

| Applicant Signature | Date |
|--------------------------|--|
| | |
| <u>1</u> | For Official Use Only |
| Program(s) Approved: | |
| Electric Base Fee Waiver | Senior Electric Discount Donation Recipien |
| Approved Through June 20 | |
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| | ce Committee Approval |
| Approved By: | Date: |
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| Approved By: | Date: |
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| Commonts. | |
| Comments: | |

2025 Qualifying Income Limits

| Family Size | Greater of 80% AMI or 200% FPL | |
|-------------|-----------------------------------|---------|
| 1 | \$ | 60,700 |
| 2 | \$ | 69,400 |
| 3 | \$ | 78,050 |
| 4 | \$ | 86,700 |
| 5 | \$ | 93,650 |
| 6 | \$ | 100,600 |
| 7 | \$ | 107,550 |
| 8 | \$ | 114,450 |
| 9 | \$ | 121,400 |
| 10 | \$ | 130,300 |
| 11 | \$ | 141,300 |
| 12 | \$ | 152,300 |
| 13 | \$ | 163,300 |
| 14 | \$ | 174,300 |