

ECONOMIC DISADVANTAGED PROGRAM FOR THE CITY OF POST FALLS UTILITY CUSTOMERS:

Definition: Customers that qualify for this program will receive a base fee reduced billing for the water service charge (connection fee) and the sewer.

Requirements:

- Applicant's household income must be at or below the State of Idaho welfare income guidelines as shown on the Economic Disadvantaged Program Application.
- Applicant must have the utility account in their name. The application must be completed with the name(s), social security number(s), and income of all household occupants within the last 31 days, and signed.
- Applicant must apply each year during the month of January and keep the account current. If the renewal is not received by **January 31st**, the account will be taken off the reduced rate program with no further notice. The applicant may reapply for this program in January of the following year.

Penalties: Deliberate misrepresentation of the inhabitants and / or income may result in prosecution and the applicant will no longer be allowed to participate in the program.

Revised January 2018

**QUALIFICATION GUIDELINES FOR REDUCED MINIMUM
MONTHLY RESIDENTIAL WATER FEES:**

Household Size	Monthly Gross Income
1	\$1,860
2	2,504
3	3,149
4	3,793
5	4,437
6	5,082
7	5,726
8	6,371
Each Additional Family Member(s)	+ \$645

To determine your eligibility, please fill out the attached form listing all the household members in the last 31 days, their social security number and any income. Also, bring in supporting documentation such as:

- Paycheck Stubs
- Welfare Decisions
- Social Security Notices
- Bank Statements
- Last Year's Tax Return

**EVEN THOUGH YOU QUALIFIED LAST YEAR FOR THIS PROGRAM,
YOUR ELIGIBILITY MUST BE RE-ESTABLISHED EVERY YEAR AND
YOUR UTILITY BILLS MUST BE KEPT CURRENT.**

Income guidelines provided by the State of Idaho Health and Welfare Department (Revised January 2018)



Finance Department
Utility Division

APPLICATION FOR REDUCED MONTHLY MINIMUM RESIDENTIAL UTILITIES

To apply for reductions in monthly residential water fees, carefully complete and sign this application. Once completed, please return this application with proof of income to:

City of Post Falls
408 N Spokane St
Post Falls ID 83854

NAME(S): List the name(s) of everyone living in your home and be sure to include yourself.

INCOME: List **ALL** income received in the last month on the same line as the person's name who received the income. You must show the gross amount **BEFORE** any deductions were taken.

Name(s):	Age:	Social Security #	Monthly Income	Monthly Child Support / Welfare	Monthly SSI / Retirement Pension

TOTAL MONTHLY INCOME: \$ _____

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being provided for reduced monthly residential water fees and the City of Post Falls officials have the right to verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under State and Federal Laws.

Print Name _____

Address _____

Signature _____ Date Signed _____

Utility Account No. _____

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