



CITY OF BEND

**CITY OF BEND
SENIOR CITIZEN & DISABLED PERSON
REDUCED SEWER AND STORMWATER RATE APPLICATION**

NAME AND ADDRESS OF APPLICANT

CITY OF BEND ACCOUNT NUMBER

PHONE NUMBER OF APPLICANT

AGE OF APPLICANT: _____ **TOTAL NUMBER IN HOUSEHOLD:** _____

NOTE: Senior Citizens age 62 or above and disabled persons under the age of 62, may be eligible for a reduction on stormwater and sewer base charges. The information in this application is for the **CONFIDENTIAL** use of the City of Bend. If you have any difficulty completing this form, please contact the Utilities Billing Department at 541-388-5515 for assistance. The City reserves the right to require proof of income or disability. **See below for eligibility requirements.**

TOTAL HOUSEHOLD INCOME (before deductions): _____

This includes the combined income of all persons living in the residence, regardless of age. See the income limitations and list of income sources. **Include a copy of your latest statement of benefits from the Social Security Administration, State and Federal tax returns, or other proof of income (see last page for proof of income requirements).**

NAME OF GARBAGE COMPANY: _____

(Applicant could be eligible for reduced garbage collection rates.)

Application will not be processed with incomplete information. Once the application has been processed, if additional information is required, the City staff will notify you of any additional information needed.

Eligibility Requirements:

Income level is your household income, meaning the combined gross earnings of *all* persons living in the house, per year.

Please complete the application and return it with copies of the following items that apply. Please check the items you will be supplying with your application. Do not enclose originals unless the City of Bend may keep them. See requirements below:

Senior Discount Check Sheet

Must be the **account holder** and must be 62 years old or above. **OR**
Must be the **account holder** and if under the age of 62 years old, must be disabled.

Income includes the following for each person in the household:

- A copy of most current federal tax return and all gross income supporting documents
- Supporting Documents
 - May include some, all or more than the examples listed below:
 - A current benefit statement from the Social Security Administration.
 - Verification of any other income being received for each person in the household. Examples: retirement or pension accounts, including 401ks, and IRAs, rental or any other retirement income received.
 - If self-employed, a year to date profit and loss statement and balance sheet.

OR all that apply from the list below to support gross income for each person in the household, if tax return is not available:

- A copy of the two most recent pay stubs from each person in the household **AND** copies of the last three (3) months bank statements for all checking/savings accounts.
- A current benefit statement from the Social Security Administration.
- If you are self-employed, provide a year to date profit and loss statement and balance sheet.
- Verification of any other income being received for each person in the household. Such as, retirement or pension accounts, including 401ks, and IRAs, rental.

Income Limits:

Household Size and Income Level

1 person \$42,200 per year

2 persons \$48,250 per year

3 persons \$54,300 per year

4 persons \$60,300 per year

5 persons \$65,150 per year

6 persons \$69,950 per year

7 persons \$74,800 per year

8 persons \$79,600 per year

Each additional household member \$4,800 per year

Income includes the following:

1. Payment for services, such as wages salary, commission or fees
2. Income from non-farm self-employment
3. Income from farm self-employment
4. Social Security income
5. Dividends or interest on savings or bonds, income from real estate or trust, or rental income
6. Public assistance or welfare payments
7. Unemployment compensation
8. Government, civilian or military, retirement or pension; or Veteran's payments
9. Private pensions or annuities
10. Alimony or child support payments
11. Regular contributions from persons not living in the household
12. Net royalties
13. Other cash income such as savings account withdrawals

Age Requirement:

1. You must be the **account holder** and you must be 62 years old or above.
2. You must be the **account holder** and if under the age of 62 years old you must be disabled.

Program Notes:

1. After receiving assistance under this program you will not be eligible for the City's Utility Billing Assistance Program.
2. This reduction is not available if you have received assistance under the City's Utility Billing Assistance Program Program within the past 12 months.
3. Applicants for this program might be eligible for reduced garbage collection rates.

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

DATE: _____ **SIGNATURE:** _____

Please return this form to: City of Bend
Utilities Department
P.O. Box 1024
Bend, OR 97709

Questions call: 541-388-5515

Public Records and Confidentiality of Application. By submitting an Application, the Applicant acknowledges that information submitted to the City of Bend is open to public inspection under the Oregon Public Records Law, ORS 192.410 through 192.505. One (1) copy of each original Application shall be kept for the City of Bend for a minimum period of one (1) years. The Applicant is responsible for becoming familiar with and understanding the provisions of the Public Records Law.

The Applicant may identify information submitted to the City as confidential. Prior to submitting such information to the City, the Applicant shall prominently mark in conspicuous letter any information with the words "Confidential Information" and state in writing that the Applicant wishes the material to be held in confidence and the reasons therefore. The City may treat any information so marked as confidential and not subject to public disclosure, to the extent permitted by law. If the City receives any public records request for disclosure of such information, within ten (10) City working days of receiving any such request, the City shall provide the Applicant with written notice of the request, including a copy of the request. The Applicant shall have ten (10) City working days within which to provide a written response to the City, before the City may disclose any of the requested confidential information. Whether the Applicant submits any written response to the City, the City shall retain the final discretion to determine whether to release the receipt of any response from the Applicant prior to releasing such information. The Applicant does not waive any rights to seek a protective order from a court of competent jurisdiction restraining the City from disclosing such information.

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FOR CITY USE ONLY:

Denied

Reason _____

Received By: _____ Date received: _____

Approved By: _____ Date Approved: _____

Approved By: _____ Date Approved: _____