COVID-19-Impacted Low Income Rate Reduction Program 2020-2021

If you are a single family residential customer whose income has been impacted by COVID-19, and now falls within the “very low income limits” set annually by HUD for the Seattle / King County area (listed below), this program can reduce your bi-monthly base water rate by 50%, based on a single family 5/8 x 3/4” service rate, regardless of water meter size, effective through May 2021. (Example: a current 5/8 single family resident meter base rate of $51.47 would reduce to $25.74 on each bi-monthly billing.) Actual water usage will still be billed at the regular step rate amount.

Program Qualifications / How to Apply

1. Applicant must be the same person responsible for payment of the water charges. If you are a Tenant, the account must have a signed “Landlord/Tenant Agreement” on file between the owner and North City Water District.

2. Applicant must reside at the same address where the low-income rate is being requested.

3. Applicant’s residence must have a separate individual water meter.

4. During the year 2020, applicant’s combined household gross income from all sources, excluding income from children under age eighteen, falls within the “very low income limits” outlined below, based on the size of the applicant’s household.

5. Applicant must complete and sign the Application for COVID-19 Impacted Water Rate Reduction Program (page 2) under penalty of perjury, and include copies of all appropriate documentation, in order to be considered for program qualification.

6. Applicant must return the completed and signed form with all supporting documents to North City Water District by mail, or in person via our drive-up window. Incomplete applications and/or those without the required documentation will be returned.

HUD Very Low Income Limits for the Seattle Area for 2020

<table>
<thead>
<tr>
<th>Number of People Living in the Same Household</th>
<th>Maximum Combined Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$41,800 or less</td>
</tr>
<tr>
<td>2 people</td>
<td>$47,800 or less</td>
</tr>
<tr>
<td>3 people</td>
<td>$53,750 or less</td>
</tr>
<tr>
<td>4 people</td>
<td>$59,700 or less</td>
</tr>
<tr>
<td>5 people</td>
<td>$64,500 or less</td>
</tr>
<tr>
<td>6 people</td>
<td>$69,300 or less</td>
</tr>
<tr>
<td>7 people</td>
<td>$74,050 or less</td>
</tr>
<tr>
<td>8 people</td>
<td>$78,850 or less</td>
</tr>
</tbody>
</table>
Application for COVID-19-Impacted Low Income Rate Reduction Program 2020-2021

Customer Information

Name: ____________________________

Homeowner ☐ Renter / Tenant ☐

Service Address: ____________________________

Email Address: ____________________________ Phone Number: ____________________________

Verification of Program Qualifications

☐ Yes, my household income or employment status has been impacted by COVID-19.

☐ I live in the same residence where the discounted rate is being requested.

☐ My residence has its own (separate) water meter.

☐ There are _____ people living in my household.

☐ My combined household gross income from all sources, excluding children under 18, falls within the authorized levels for “Very Low Income” set by HUD for Seattle as listed on page 1.

☐ I have attached proof of COVID-19 impact on my 2020 income in the form of the following (check all that apply):

☐ Letter from state unemployment office

☐ Letter from former employer re: reduced work, furlough, or termination of work

☐ Paystubs from current employer showing the reduction of hours / income

Verification of Income

If your household income has been impacted by COVID-19, indicate your expected monthly gross income below. Include all sources—wages, unemployment benefits, and any other forms of assistance you may receive. Continue on back if needed.

Source: ____________________________ Monthly $ Amount Expected: ___________

Source: ____________________________ Monthly $ Amount Expected: ___________

Source: ____________________________ Monthly $ Amount Expected: ___________

Source: ____________________________ Monthly $ Amount Expected: ___________

Source: ____________________________ Monthly $ Amount Expected: ___________

Declaration

I declare under penalty of perjury of the laws of the State of Washington that the information presented is true and correct. I understand that if any information I submit is found to be false, the rate reduction will be removed and I will be liable for all previous discounts.

Signature: ____________________________ Date: ____________________________

For District Use Only

Stamp Received

Customer’s Total Gross Income from All Sources: $ ____________________________

Account Number: ____________________________ Cycle: _____ Effective Date: ____________________________