



Clackamas Water Environment Services offers a 50% reduction on the sanitary sewer portion of its monthly bills to customers who meet the low income guidelines. Low income discounts are not applicable to surface water charges.

During the annual renewal process, a new application must be submitted each year to continue receiving the discount. The low income discount period runs annually from July 1st to June 30th each year.

To apply, please complete the application and submit it by email to WESCustomerService@clackamas.us or by mail to:

Attn: Clackamas Water Environment Services
Customer Service
150 Beaver Creek Rd. #430
Oregon City, Oregon 97045

Upon receipt of this application, your application will be reviewed for eligibility.

If the application is approved, the sanitary sewer fee reduction shall become effective in the next billing cycle and will continue until June 30th. The qualifying maximum adjusted gross annual income by household size can be found in the table below. Household income is calculated as it would be on your federal tax return.

Household Unit Size	Annual Gross Income*	Monthly Gross Income*
1	\$36,811.00	\$3,067.58
2	\$48,138.00	\$4,011.50
3	\$59,464.00	\$4,955.33
4	\$70,790.00	\$5,899.17
5	\$82,117.00	\$6,843.08
6	\$93,443.00	\$7,786.92
7	\$95,567.00	\$7,963.92
8	\$97,690.00	\$8,140.83
9	\$99,814.00	\$8,317.83
10	\$101,938.00	\$8,494.83
11	\$104,062.00	\$8,671.83
12	\$106,185.00	\$8,848.75
Each additional member	\$2,123.00	\$176.92
* Gross income means all household income before any deductions		

If you have any questions, please contact our office at 503-742-4567 from 7:30 a.m. to 5:00 p.m. Monday through Thursday, closed 12-1p.m.

Если вы не говорите на английском языке, пожалуйста позвоните по номеру 503-742-4567 и мы назначим вам встречу с переводчиком.

Si requiere servicio de interpretacion por favor llame a esta oficina al 503-742-4567 Sera un placer arreglarle una cita con alguien que le pueda asitir.



Clackamas Water Environment Services
150 Beaver Creek Rd. #430, Oregon City, Oregon 97045
Phone (503) 742-4567 Fax (503) 742-4565
Tax ID No. 93-6002286



APPLICATION FOR REDUCTION OF SANITARY SEWER USER CHARGES FOR LOW INCOME CUSTOMERS

I (we) hereby request Clackamas Water Environment Services (WES) reduce the sewer user charges based on the following information (Please Print):

Account No.:		Telephone No.:	
Name:		Service Address:	
City:	State:	Zip:	
Email Address:			
Please provide information regarding the other adult(s) occupying the residence below.			
Name(s):		Relation(s):	

The qualifying maximum gross annual income starts at \$36,811.00 for a single resident and increases for each additional resident. The service address must be the principal residence of the person billed for service.

Please check the box(es) below to indicate which documents you are referring to for our evaluation. Provide the requested information for that document. Multiple sources are not required. **To protect your private information, please do not attach the documents.**

- ☐ Federal Income Tax Return
- ☐ Tax Year: _____
 - ☐ Combined Adjusted Gross Income: _____
- ☐ W-2s
- ☐ Tax Year: _____
 - ☐ Combined Gross Income: _____
- ☐ I qualify for SNAP or TANF benefits
- ☐ Date of Award Statement _____
- ☐ Social Security/SSI Benefit Statement
- ☐ Date of Statement _____
 - ☐ Total Annual Income _____
- ☐ Pension Award Statement
- ☐ Date of Statement _____
 - ☐ Total Annual Income _____

Please note:

While documentation is not submitted with your application, we retain the right to request validation of your application at any time.

Inability to provide listed documentation upon request will lead to removal from the program, reversal of any discounts applied and retroactive penalties.

IMPORTANT NOTE: If approved, the sanitary sewer user fee reduction shall become effective in the next billing cycle until the current program period ending June 30th. Each year your account will be reviewed to continue the discount. At that time you must complete a new application and provide updated income information.

Under penalties of false swearing, the undersigned, agrees that the information provided in this application is true and correct. I/We further agree to immediately notify the district of any change in the above information.

Applicant's Signature	Date	Applicant's Signature	Date

For Office Use Only Received By: _____

Date: _____

Approved

Denied

Effective Date: _____

☐☐

Accounting Input by: _____

Date: _____

Decision Letter Sent by/Date: _____