



Water Quality Protection  
Surface Water Management  
Wastewater Collection & Treatment

Greg Geist  
Director

Dear Water Environment Services Customer,

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

A new application with current income documentation must be submitted each year to continue receiving the discount.

To apply, please complete the application on the reverse side of this letter and submit it with the required documentation. Upon receipt of the required documents, 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 for one year. The 2018 qualifying maximum gross annual income for a single resident is \$22,459 and \$30,451 combined maximum income for all persons living in the residence.

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

Thank you,

Water Environment Services

Если Вы не разговариваете на-английском, 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.



**Water Environment Services**  
 A Department of Clackamas County  
 150 Beaver Creek Rd. Suite 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 CITIZENS**

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

Account No.:		Telephone No.:	
Name:		Address:	
City:	State:	Zip:	
Email Address:			
Other persons occupying the residence:			
Name:		Relation:	

The **2018** qualifying maximum gross annual income for a single resident is \$22,459 and \$30,451 combined maximum gross income for **all** persons residing in the residence. You must prove your single or combined maximum gross annual income to WES, and provide all information deemed necessary to make such determination. The property must be the principal residence of the person billed for service.

<input type="checkbox"/> Single Resident Maximum Under \$22,459 (Gross)	<input type="checkbox"/> Combined Residents Maximum Under \$30,451 (Gross)
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**Proof of income requires the submission of either the item in Column A or two items from Column B. Include gross income from all sources for all persons living at this address. Documents will not be returned so please send copies only. Confidential information such as social security numbers may be redacted by the applicant.**

**Column A**

Most recent Federal Income Tax Return  
*\*With all the schedules attached*

**Column B** (2 items)

- SNAP or TANF award statements
- W-2 forms
- Official year-end income statements
- Social Security/SSI benefit statement (1099)
- SS/SSI annual benefit letters
- Pension award statements

**IMPORTANT NOTE:** If approved, the sanitary sewer user fee reduction shall become effective in the next billing cycle for a one-year 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 current income documentation for review. **Please note accounts must be paid current to qualify for the discount.**

**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
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For Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Approved  Denied:  Effective Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Accounting Input by: \_\_\_\_\_ Date: \_\_\_\_\_ Decision Letter Sent by/Date : \_\_\_\_\_