

## **Low Income Utility Discount**

The City of Oak Harbor offers a Utility Discount to qualified customers. Attached is the Low Income Credit Application based on the below poverty guidelines.

### 2026 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<b>Persons in family/household</b>	<b>Poverty guideline</b>
1	\$15,960
2	21,640
3	27,320
4	33,000
5	38,680
6	44,360
7	50,040
8	55,720

For families/households with more than 8 persons, add \$5,680 for each additional person.

**City of Oak Harbor**  
**Low Income Credit Application**  
**OHMC 3.90**

Application for 17% discount on meter, sewer, and 20-gallon rate on garbage

**Requirements: Applicant must supply a copy of the most recently filed Income Tax Return and copies of all paperwork to support the reported income on this form. Applicant is required to reapply by April 30<sup>th</sup> each year. Change in the financial circumstances making the applicant ineligible shall be reported immediately to the City of Oak Harbor Finance Department.**

Date of Application \_\_\_\_\_ Account Number \_\_\_\_\_

Applicant Name \_\_\_\_\_ SSN (Last 4 Digits Only) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License \_\_\_\_\_ State \_\_\_\_\_

Spouse Name \_\_\_\_\_ SSN (Last 4 Digits Only) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License \_\_\_\_\_ State \_\_\_\_\_

**Other Members of the Household:**

Name \_\_\_\_\_ SSN (Last 4 Digits) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Years Living at Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Housing Status Own \_\_\_\_\_ Buying \_\_\_\_\_ Renting \_\_\_\_\_ Total People in Household \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Income Information for Total Household (Dollar Amounts)**

**Income shall include Railroad Retirement & Social Security benefits, Investment Income (Stock Dividends), interest on savings accounts & bonds, capital gains, gifts & inheritance, net rental income from real estate, disability payments, retirement pay & annuities. Reimbursement for losses are not to be considered as income.**

Federal Tax Return for Year \_\_\_\_\_ was not filed due to \_\_\_\_\_

Income from Employment \_\_\_\_\_ Pension/Retirement \_\_\_\_\_

AFDC \_\_\_\_\_ Industrial Compensation \_\_\_\_\_

Social Security Benefits \_\_\_\_\_ VA Benefits \_\_\_\_\_

Interest/Dividends \_\_\_\_\_ Unemployment Benefits \_\_\_\_\_

All Other Sources \_\_\_\_\_ **Total Yearly Income** \_\_\_\_\_

I hereby certify that income from all sources are reported on this application to be considered for rate reduction. Per OHMC 3.90.060, intentionally providing false or misleading information shall be a gross misdemeanor punishable by a fine of up to \$5,000 or one year in jail or both such fine and jail time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Finance Department Use Only**

**Account Number** \_\_\_\_\_

Reviewed by \_\_\_\_\_

Status Approved \_\_\_\_\_ Denied \_\_\_\_\_ Returned for More Information \_\_\_\_\_