



# City of Philomath Application for General Fund Fee Discount

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
(provided on your utility bill)

In accordance with Philomath Municipal Code 3.25.050, this application is for a reduction of the General Fund Fee. This application applies to City of Philomath utility customers categorized as single-family, duplex and triplex units where each unit has a separate City water meter.

If such occupants are responsible for paying the General Fund Fee surcharge and qualify as having "very low income" based on the definition from the U.S. Department of Housing and Urban Development at or below 50% of the Area Median Income (AMI) for Benton County, Oregon, (as in effect July 1, 2017, and updated July 1 of each subsequent year), a 100% reduction will be approved.

Businesses, multi-family property owners, non-profit organizations and government entities are not eligible for a means-based fee reduction.

### Qualification:

Please indicate your household's size and combined income level for the last 12 months?

- 1 Person: Household income less than \$28,650
- 2 Persons: Combined household income less than \$32,750
- 3 Persons: Combined household income less than \$36,850
- 4 Persons: Combined household income less than \$40,900
- 5 Persons or More: Combined household income less than \$44,200

The City reserves the right to request proof of income, which may include but is not limited to prior year tax returns, pay stubs, or other documents requested to verify household income. Failure to provide requested supporting documentation will result in the denial of the application.

### False Application:

Any person who falsely states any fact to acquire the benefits of the General Fund Fee Discount with knowledge that he/she does not qualify will have their application denied and may be charged with a crime. The crime of unsworn falsification is subject to a maximum penalty of 6 months in jail and a fine of \$2,500.

### Declaration:

I hereby declare the foregoing to be a correct statement of my household and income status. I understand the penalties for falsely applying for, or accepting the benefits of the General Fund Fee Discount Program. I am willing to provide financial records verifying household income, if requested to do so.

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

\_\_\_\_\_  
Date

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**For Office Use Only**

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

Yes  No \_\_\_\_\_  
Date