

Resolution No. 820
A RESOLUTION of the Board of Sewer Commissioners
of the Lake Stevens Sewer District, Snohomish County,
Washington, establishing a Low Income Contribution Program pursuant to
Chapter 57.46 RCW.

WHEREAS, the Lake Stevens Sewer District (the "District") is a special purpose district operating a sewerage system in the vicinity of Lake Stevens, Snohomish County, Washington; and

WHEREAS, Chapter 57.46 RCW authorizes the establishment of a program through which voluntary contributions may be made to assist qualified low-income residential customers of the District in paying their sewer bills; and

WHEREAS, the Commissioners deem it appropriate to establish a low income contribution programs subject to the following terms and conditions;

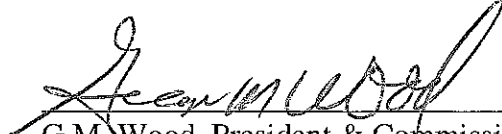
NOW, THEREFORE, be it hereby resolved by the Board of Commissioners as follows:

Section 1. The District shall enter into a memorandum of understanding with the Lake Stevens Family Center, a qualified charitable organization under RCW 57.46.010, for the purposes of administering a voluntary low income contribution plan to assist qualified low income residential customers of the District in paying their sewer bills.

Section 2. Disbursement of contributions and quarterly reporting on the low income contribution program shall be required under the memorandum of understanding, pursuant to RCW 57.46.020. Contributions received under this program shall not be considered commingling of funds.

Done this 14th day of May, 2009.

LAKE STEVENS SEWER DISTRICT



G.M. Wood, President & Commissioner



J.B. Hatlen Secretary & Commissioner



J.B. Mitchell, Commissioner

Low Income Contribution Plan

RCW 57.46.010

Voluntary contributions to assist low-income residential customers — Administration.

A district may include along with, or as part of its regular customer billings, a request for voluntary contributions to assist qualified low-income residential customers of the district in paying their district bills. All funds received by the district in response to such requests shall be transmitted to the grantee of the department of community, trade, and economic development which administers federally funded energy assistance programs for the state in the district's service area or to a charitable organization within the district's service area. All such funds shall be used solely to supplement assistance to low-income residential customers of the district in paying their district bills. The grantee or charitable organization shall be responsible to determine which of the district's customers are qualified for low-income assistance and the amount of assistance to be provided to those who are qualified. [1996 c 230 § 1401; 1995 c 399 § 149; 1993 c 45 § 5.]

RCW 57.46.020

Disbursement of contributions — Quarterly report.

All assistance provided under this chapter shall be disbursed by the grantee or charitable organization. Where possible the district shall be paid on behalf of the customer by the grantee or the charitable organization. When direct vendor payment is not feasible, a check shall be issued jointly payable to the customer and the district. The availability of funds for assistance to a district's low-income customers as a result of voluntary contributions shall not reduce the amount of assistance for which the district's customers are eligible under the federally funded energy assistance programs administered by the grantee of the department of community, trade, and economic development within the district's service area. The grantee or charitable organization shall provide the district with a quarterly report on January 15th, April 15th, July 15th, and October 15th which includes information concerning the total amount of funds received from the district, the names of all recipients of assistance from these funds, the amount received by each recipient, and the amount of funds received from the district currently on hand and available for future low-income assistance. [1996 c 230 § 1402; 1995 c 399 § 150; 1993 c 45 § 6.]

RCW 57.46.030

Contributions not considered commingling of funds.

Contributions received under a program implemented by a district in compliance with this chapter shall not be considered a commingling of funds.

[1996 c 230 § 1403; 1993 c 45 § 7.]

MEMORANDUM OF UNDERSTANDING FOR ADMINISTRATON OF LOW INCOME ASSISTANCE PROGRAM FOR SEWER DISTRICT MONTHLY FEES.

This Memorandum of Understanding is entered into by and between the Lake Stevens Sewer District (the "District") and Lake Stevens Family Center ("LSFC") this _____ day of May, 2009, pursuant to Chapter 57.46 RCW. The purpose of this agreement is to provide supplemental assistance to low income residential customers of the District in paying their monthly sewer service bills.

I. Scope of work.

A. LSFC agrees to:

1. Receive contributions in a restricted sewer billing assistance fund maintained separately for the purposes outlined in this agreement;
2. Process applications to qualify applicants/recipients for receipt of fund support;
3. Transmit electronic vouchers to the District for persons receiving assistance
4. Report to District Commission on fund distributions. Quarterly reports submitted to the District on January 15th, April 15th, July 15th, and October 15th shall include information concerning:
 - (i) the total amount of funds received from the District,
 - (ii) the names of all recipients of assistance from these funds,
 - (iii) the amount received by each recipient, and
 - (iv) the amount of funds received from the District currently on hand and available for future low-income assistance.

B. The District agrees to:

1. Collect donations included with Sewer District payments and received by the District and forward those on to LSFC to deposit into the assistance fund (Donors may also contribute to the fund directly through LSFC.);
2. Develop an enhanced database to track and report out fund collections and distributions;
3. Coordinate eligibility applications by individuals seeking assistance;
4. Submit a monthly invoice to LSFC for payment of approved vouchers through restrict sewer assistance fund.

II. **Cost recovery.** 10% of any contributions to the fund will be allocated to LSFC for administration of the program.

LAKE STEVENS SEWER DISTRICT

LAKE STEVENS FAMILY CENTER

By: _____

By: _____

Its: _____

Its: _____

Low Income Contribution Program

The Lake Stevens Family Center is working with the Lake Stevens Sewer District, acting as their agent to collect and disperse contributed funds to help offset the cost of sewer for the low-income recipient. The Lake Stevens Family Center will determine eligibility and once a year help to pay all or part of the monthly billing statement. Payment will not exceed one month's charge of service.

Criteria to determine low-income limits is listed below. Requestor will have to show proof of income and residency within in the billing area and work with the Lake Stevens Family Center and the Lake Stevens Sewer District. Payment Voucher will go directly to the Lake Stevens Sewer District, not to the recipient.

- Must meet income levels established.
- Must reside in the home that is on the billing statement.
- If a renter, must show a signed rental agreement that they are responsible for the sewer bill.
- Continuous occupancy of the rental for one year prior to their request for assistance to help offset the bill.
- Assistance is only available for up to one month of service, one time a year.

Number in household	Monthly Income	Annual Income
1	\$1,604	\$19,248
2	\$2,159	\$25,908
3	\$2,714	\$32,568
4	\$3,269	\$39,228
5	\$3,824	\$45,888
Each additional member	\$555 per person above 5	

When assistance is provided the account will be noted both with the Lake Stevens Family Center and the Lake Stevens Sewer District.

Vouchers will be sent from the Lake Stevens Family Center to their Corporate Office, who in turn will submit a payment to the Lake Stevens Sewer District on a monthly basis. Payments need to be submitted no later than to avoid late fees assessed to the account.

The Lake Stevens Family Center agrees to provide the vouchers to the qualifying ratepayers within the boundaries for Lake Stevens Sewer per the above requirements.

The Lake Stevens Sewer District will at no time exert any control over the donations made pursuant to the fund and sent to the Lake Stevens Family Center.

The Lake Stevens Sewer District will accept the vouchers as submitted by the Lake Stevens Family Center, however no account will be deemed paid until we receive the actual payment; the voucher does not constitute payment.

The Lake Stevens Sewer District will return to the Lake Stevens Family Center on a monthly basis all of the vouchers we receive from them, with expectation of payment from the Lake Stevens Family Center.

Lake Stevens Family Center shall provide the district with a quarterly report on January 15th, April 15th, July 15th, and October 15th which includes information concerning the total amount of funds received from the district, the names of all recipients of assistance from these funds, the amount received by each recipient, and the amount of funds received from the district currently on hand and available for future low-income assistance.

The Lake Stevens Family Center shall submit to the Lake Stevens Sewer District an annual report and audit of its records pertaining to the fund, including all correspondence, data files, and other evidence pertaining to the management of the funds. At anytime the Lake Stevens Sewer District can ask for an audit of the documentation as long as they provide the Lake Stevens Family Center forty eight (48) hours advance notice.

The documentation will be based on a calendar year, January 1st through December 31st. This program can end at any time either party deems necessary. Must provide at least thirty (30) days notification if program is to be cancelled or the Lake Stevens Family Center no longer wishes to participate.

Each party agrees to hold harmless and indemnify all directors, commissioners, officers, and employees within both organizations against any and all loss, claims, or suits, including costs of attorney fees.

Income as defined by RCW 84.36.383

Adjusted gross income as defined in the federal internal revenue code, as amended prior to January 1, 1989, or such subsequent date as the director may provide by rule consistent with the purpose of this section , plus all of the following items to the extent they are not included in or have been deducted from adjusted gross income:

- (a) Capital gains, other than gain excluded from income under section 121 of the federal internal revenue code to the extent it is reinvested in a new principal residence;
- (b) Amounts deducted for loss;
- (c) Amounts deducted for depreciation;
- (d) Pension and annuity receipts;
- (e) Military pay and benefits other than attendant-care and medical-aid payments;
- (f) Veterans benefits, other than;

- (i)Attendant-card payments;

- (ii) Medical-aid payments;

- (iii) Disability compensation, as defined in Title 38, part 3, section 3.4 of the code of federal regulation, as of January 1, 2008; and

- (iv) Dependency and indemnity compensation, as defined in Title 38, part 3, section 3.5 of the code of federal regulations, as of January 1, 2008;

- (g) Federal social security act and railroad retirement benefits;
- (h) Dividend receipts; and
- (i) Interest received on state and municipal bonds.

Declaration of Applicant:

Under penalties of perjury, We/I declare that we/I have examined this statement, and the best of our/my knowledge and belief, it is true and correct, and accurate, as to our/my income, household size and occupancy status. If at any time the above criteria changes or it was determined that we/I was not forthcoming in my declaration of income, household size and/or occupancy status, the Lake Stevens Sewer District has the right to remove the reduced rate.

Your response to this application will be retained as public record of the District.

THE EMERGENCY FOOD ASSISTANCE PROGRAM

INCOME ELIGIBILITY GUIDELINES

EFFECTIVE FROM MARCH 2013 UNTIL NOTIFICATION OF THE INCOME GUIDELINES FOR 2014
STATE OF WASHINGTON

The Emergency Food Assistance Program (TEFAP) - Self-declaration

185% of Poverty					
Household Size	Annual Income	Monthly Income	Twice per Month Income	Every Two Weeks Income	Weekly Income
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
For each additional family member, add	7,437	620	310	287	144

Note: You will not be required to provide **proof** of income or your social security number. You will not be denied TEFAP food if you refuse to reveal any information that is not a requirement of TEFAP. However, an agency may require further client information for use with other programs.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD), USDA is an equal opportunity provider and employer.



1106 Vernon Rd, Suite A
Lake Stevens, WA 98258

**LAKE STEVENS
SEWER DISTRICT**
Serving You Since 1957

Low Income Rate Reduction Request Policy

To be approved for the low-income rate reduction program, the Lake Stevens Sewer District will verify the following information on an annual basis.

- Income (verified by Social Security and/or Tax Returns)
- Home Owner (Not Tenant)
- Not a second home
- Household size
- Account must remain current at all times, no delinquencies
- One discount per person/per household, not allowed on multiple dwellings

To accomplish the following there are a few documents which must be verified by district staff.

Customer E-mail address _____

Customer Account Number _____ Customer Daytime Contact Phone Number _____

Customer Name _____

Customer Address _____

Current Year Tax Return _____ Annual Income _____

- Have you occupied the above property during the entire calendar year? Yes ___ No ___
Is this a second home? Yes ___ No ___
- How many people live in the above household? _____
- Income verification for each member in the household required
Income as defined by RCW 84.36.383

**CERTIFIED UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON
(See other side)**

Property Owner Signature Date _____

Approved _____

Denied _____

Low Income Rate Reduction Request

Policy

To be approved for the low-income rate reduction program, the Lake Stevens Sewer District will verify the following information on an annual basis.

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- ❖ Home Owner (Not Tenant)
- ❖ Not a second home
- ❖ Household size
- ❖ Account must remain current at all times, no delinquencies
- ❖ One discount per person, not allowed on multiple dwellings

To accomplish the following there are a few documents which must be verified by District staff.

Customer Account Number

Customer Daytime Contact Phone Number

Customer Name

Customer Address

Is property in delinquent status (foreclosure, bankruptcy, default?)

Yes ___ No ___ Other ___ (Explain)

Current Year Tax Return _____ Annual Income _____

- ❖ For first time applicants: if no tax return was filed with this request, the customer must complete the 4506T- Request for Transcript of Tax Return and District staff will send to the IRS. Cost of this will be charged to the customer.
- ❖ If applicable, letter of non-filing of income tax submitted Yes ___ No ___
- ❖ Have you occupied the above property during the entire calendar year?
This cannot be a second home? Yes ___ No ___
- ❖ How many people live in the above household? _____
- ❖ Income verification for each member in the household required

Income as defined by RCW 84.36.383

Adjusted gross income as defined in the federal internal revenue code, as amended prior to January 1, 1989, or such subsequent date as the director may provide by rule consistent with the purpose of this section, plus all of the following items to the extent they are not included in or have been deducted from adjusted gross income:

(a) Capital gains, other than gain excluded from income under section 121 of the federal internal revenue code to the extent it is reinvested in a new principal residence;

(b) Amounts deducted for loss;

(c) Amounts deducted for depreciation;

(d) Pension and annuity receipts;

(e) Military pay and benefits other than attendant-care and medical-aid payments;

(f) Veterans benefits, other than:

(i) Attendant-care payments;

(ii) Medical-aid payments;

(iii) Disability compensation, as defined in Title 38, part 3, section 3.4 of the code of federal regulations, as of January 1, 2008; and

(iv) Dependency and indemnity compensation, as defined in Title 38, part 3, section 3.5 of the code of federal regulations, as of January 1, 2008;

(g) Federal social security act and railroad retirement benefits;

(h) Dividend receipts; and

(i) Interest received on state and municipal bonds.

Declaration of Applicant:

Under penalties of perjury, We/I declare that we/I have examined this statement, and to the best of our/my knowledge and belief, it is true and correct, and accurate, as to our/my income, household size and occupancy status. If at any time the above criteria changes or it was determined that we/I was not forthcoming in my declaration of income, household size and/or occupancy status, the Lake Stevens Sewer District has the right to remove the reduced rate.

Your response to this application will be retained as a public record of the District.

Property Owner Signature

Date

Lake Stevens Sewer District

Date



*1106 Vernon Rd, Suite A
Lake Stevens, WA 98258*

DATE:

Client name and address:

Phone: _____

I/We hereby give permission to the Lake Stevens Family Center to contact the Lake Stevens Sewer District to release any pertinent information, including personal financial information, on my account regarding balance owed or due to the Lake Stevens Sewer District. I/We will hold all parties harmless releasing personal financial information pursuant to this authorization per my signature.

Client Signature Date

Lake Stevens Family Center Representative Date

Lake Stevens Sewer District Representative Date



January 27, 2014

XXXX

XXXX

Lake Stevens, WA 98258

Re: XXX

Dear Mr. XXXX:

We received your application for our Rate Reduction program on 12/30/2013. Along with the application, we received your 1040 tax form for the year 2012. In order to for us to determine if you qualify, we also need your proof of income for 2013.

If there are any questions, please do not hesitate to call our office and speak to Theresa. We look forward to being of service to you today, and into the future.

Sincerely,

Tonya Christoffersen
Manager of Administration
Lake Stevens Sewer District
425-334-8588



January 27, 2014

XXXX

XXXX

Lake Stevens, WA 98258

Re: 6292.02

Dear Mr. XXXX,

Thank you for the submittal of your application for the rate reduction of your sewer bill. It has now been one year since you have been on our Rate Reduction Program. We need you to resubmit an updated application with proof of Income to make sure you still qualify under the State guidelines we follow. Enclosed is a new application.

If there are any questions, please do not hesitate to call our office and ask for Theresa. We look forward to being of service to you today and into the future.

Sincerely,

Tonya Christoffersen
Manager of Administration
Lake Stevens Sewer District
425-334-8588



Mr. & Mrs. Smith
XXXXX
Lake Stevens, WA 98258

January 10, 2014

Re: XXXX

Dear Mr. & Mrs. Smith:

We mailed you out a new Low Income Rate Reduction application on November 15, 2013. As of today we have not received the completed application. We mailed you out a pending letter December 23, 2013. We have had no reply from you. As of today we are removing you from our Rate Reduction program. Starting with your February 2014 billing it will return to the full service fee of \$77.00 per month.

If there are any questions, please do not hesitate to call our office and ask for Theresa. We look forward to being of service to you today and into the future.

Sincerely,

Tonya Christoffersen
Manager of Administration
Lake Stevens Sewer District
425-334-8588

Utility Assistance Information

American Red Cross - 425-252-4103

Energy Assistance Program provides one-time per heating season assistance in paying the heat bill for eligible households.

- Helps with all heat fuel types (oil, natural gas, wood, and propane, electric).
- Provides grants ranging from \$25-\$750 (depending on income, household size, type of housing, and heat bill)
- Repairs heating systems
- 10% income above the federal income guidelines

It is not necessary to have a past due balance or be shut-off to get help. Assistance is usually provided between November 15 and April 1. Households with Puget Sound Energy natural gas can be served all year. **425-388-3880**

Pathways for Women - 425-774-9843

St. Vincent DePaul - 425-335-3504

Energy Assistance - 425-259-5185

Salvation Army - Natural Gas only - 425-259-8129

Senior/Disabled - discount program - 877-783-1000

PUD - 425-783-1000

ALSO - you might try contacting Holy Cross Catholic Church - they sometimes have emergency assistance for utilities for individuals.