

Resolution No. 1072

A RESOLUTION establishing the Emergency Utility Assistance Program.

WHEREAS, Council saw a need for emergency utility assistance for City residents, and would like to establish a low income emergency assistance program;

AND WHEREAS, in budget ordinance 1732, Council authorized the establishment of a fund for the purpose of assisting low income customers to prevent water shut off.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL FOR THE CITY OF WASHOUGAL, WASHINGTON as follows:

Section I

The City of Washougal hereby adopts the emergency utility assistance program subject to the terms and conditions listed below:

1. Eligibility. Upon satisfactory proof, emergency assistance may be issued to each household for which:

a. A member of the household is billed by the city for water services;

b. The household has been verified by the city or the city's agent:

1. To have an annual income that, when combined with the annual income of all household members, meets the eligibility standards for the Low Income Energy Assistance Program (LIHEAP) authorized by the Low Income Home Energy Assistance Act of 1981, the Omnibus Budget Reconciliation Act of 1981, the Energy Policy Act of 2005, Public Law 109-58; and

2. To not receive subsidized housing assistance.

c. The household has received notice from the city that payment or payment arrangements must be made to prevent disconnection;

d. The household is served with city water service at a residential, single-family account.

2. Emergency credit - Maximum. Upon verification of eligibility, the household may receive an emergency credit of a maximum of two hundred (\$250) dollars of the delinquent bill for the service address; provided that the household may only receive such credit once in a twelve (12) calendar month period.

3. Administrative rules and procedures. Pursuant to this section, the Finance Director shall promulgate administrative rules and procedures not inconsistent with this section to implement the customer emergency assistance program.

Section II

The Resolution shall be effective upon its passage by the Washougal City Council.

PASSED by the Council of the City of Washougal on the 12th day of Aug, 2013.

City of Washougal, Washington



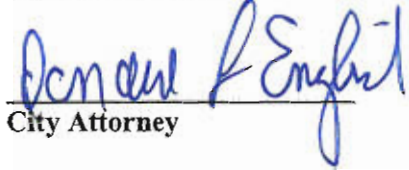
Mayor, Sean Guard

ATTEST:



Finance Director/City Clerk

APPROVED AS TO FORM:



City Attorney

Emergency Utility Assistance Procedures

Here is the process to follow for the Emergency Assistance Program:

1. Utility customer has an emergency assistance need and fills out paperwork requesting one time assistance.
2. Finance staff reviews info and determines if the criteria is met.
3. If all criteria items are met, finance will forward the information for all requests to the finance committee to authorize the use of one time emergency assistance funds.
4. Payments are made to the authorized accounts.
5. Next council meeting, the amount spent would be on consent for full council approval – just like the payables but without the itemized detail.



City of Washougal Donation Form for Emergency Utility Assistance

Tax Deductible Donation Amount

Please enter the dollar amount that you wish to donate.

\$ _____

Donor Information

Name (please print) _____

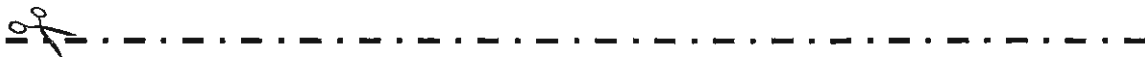
Street Address _____

Mailing Address if different from street address _____

Signature _____ Date _____

Thank you for your donation!!!!

The Low Income Utility Assistance is administered through the City of Washougal. 100% of donations will be used to supplement qualifying Low Income Applicants.



City of Washougal Donation Receipt Emergency Utility Assistance Program

Contribution Amount: _____

Date of Contribution: _____

***Thank you again for your donation ***



Application for Low Income Utility Assistance

Customer Information

**** Photo ID of Applicant Required****

Applicant Name: _____
 Physical Address: _____
 Mailing Address (if different): _____
 Daytime Phone number: _____
 City of Washougal Utility Account Number: _____

Household Information

****Please list all household members (including applicant). Use additional paper if more space is needed.****

| First Name | Last Name | Age | Annual Income (verification of income attached if 18 or older) |
|------------|-----------|-----|--|
| 1) | | | \$ |
| 2) | | | \$ |
| 3) | | | \$ |
| 4) | | | \$ |
| 5) | | | \$ |
| 6) | | | \$ |
| 7) | | | \$ |

* Assistance will not be provided if the application does not show income for all household members and verification of income.

*Income documentation must be attached for every person in household age 18 or older.

Additional Information

Please check the box if any of the following applies to your household:

- Individuals in the household receive subsidized housing assistance
- You do not live in the home you are applying for
- You have not received a disconnection notice from the City of Washougal
- You have received Washougal Low Income Utility Assistance in the past 12 months

For City Use Only

| | |
|-----------------------|--|
| Staff Signature _____ | <input type="checkbox"/> Identification Verified |
|-----------------------|--|