

Utility Discount Program Now Available

The City of Lafayette has partnered with the Housing Authority of Yamhill County (HAYC) to enact a Low Income Utility Assistance Program. Lafayette residential water customers who meet income criteria and have an account in good standing are eligible to apply for \$7.50 off the water portion of their monthly bill, which equates to \$90 per year. Beginning September 1st, customers can apply for the discount by turning in a completed application to the HAYC, attention Mary Jacquez, at either the Abbey Heights Apartments, 219 12th Street, Lafayette or at the main office, 135 NE Dunn Place, McMinnville. The earliest that qualifying customers will see the discount reflected on their bill is November 1st for the 9/20-10/20 billing cycle.

Applications along with program guidelines and eligibility requirements can be obtained at City Hall, the two HAYC locations listed above, and through the City's website: www.ci.lafayette.or.us under departments>Utility Billing. If you have questions about the program, please contact Mary Jacquez at 503-864-9206 or Lafayette City Hall at 503-864-2451.



CITY OF LAFAYETTE, OREGON LOW INCOME UTILITY ASSISTANCE PROGRAM GUIDELINES

The City of Lafayette offers residential customers a Low Income Utility Assistance Program which provides a reduction in the monthly water bill.

For residential customers who meet the qualification criteria and submit a completed application, the City of Lafayette will reduce the customer's water bill by \$7.50 each month** as long as the customer is qualified and funds are available for the program.

To qualify for the reduced rate utility program, each of the following conditions must be met:

1. The applicant must be a residential utility customer of the City of Lafayette.
2. The property's water service must be through the City of Lafayette.
3. The property served must be occupied and used by the applicant as his or her principal residence during the period for which a reduced rate is applied.
4. The applicant must not be delinquent in any utility payment owed to the City of Lafayette.
5. If an applicant's utility service is shut-off due to non-payment while on this program, they will be disqualified until the next review period beginning in May of each year.
6. The applicant's income must not exceed the Extremely Low (30% of median family income) limits as listed on the 2017 annual income limits table below. Income limits are subject to change annually with new income limits normally in effect on April 1st.
7. The applicant must make written application on the City of Lafayette Low Income Utility Assistance Program Application and must provide all the documentation requested in the application including a copy of the most recent federal income tax return or other supporting income documentation (Social Security Statement, Unemployment Statement, etc.). Confidential information on these documents such as social security numbers may be blacked out by the applicant.
8. Applications must be submitted to the partnering agency, the Housing Authority of Yamhill County. Applications can be submitted to one of two locations:
 - a. Housing Authority of Yamhill County
Attn: Mary Jacquez
Abbey Heights Apartments
219 12th Street
Lafayette, OR 97127
OR
 - b. Housing Authority of Yamhill County
Attn: Mary Jacquez
135 NE Dunn Place
McMinnville, OR 97128

Rate reductions are based on complete billing months and commence on the first bill after the application is approved by the partnering agency and received by the City of Lafayette. Billings will not be prorated for partial month eligibility. An approved application will remain in effect until the applicant no longer meets the stated qualifications. Re-qualification for the program is required every May after initial qualification for customers wishing to continue in the program.

The Housing Authority of Yamhill County will notify applicants whose application is denied in writing. An appeal may be addressed in writing to the Housing Authority of Yamhill County to either address listed above in 7a or 7b within ten days from the date of receipt of the notice specifying the grounds for denial. The appeal letter should include the reasons for reconsideration.

****Note:** Program continuance and reduction amount are not guaranteed and will be based on an annual review of the program as well as the City of Lafayette’s budget.

*****Current Income Limits (as of 4/12/2017):**

Household Size	Extremely Low (30%)
1	\$15,700
2	\$17,950
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

*****Income limits are adjusted annually to follow the Department of Housing and Urban Development’s published income limits for the Portland Metropolitan Statistical Area which includes Yamhill County.**



**CITY OF LAFAYETTE, OREGON
LOW INCOME UTILITY ASSISTANCE PROGRAM APPLICATION**

City of Lafayette Utility Account #: _____

Name on Account: _____

Do you own or rent ?

Mailing Address: _____

Service address if different from mailing address:

Phone: () _____

Please answer the following:

1. Is this a new application or a renewal? New Renewal
2. Is this your primary residence? Yes No
3. Is your City utility account current and not delinquent? Yes No

Number of persons living in the residence: _____

Occupant information:

Monthly Income

		Monthly Income	
		Yes	No
1	Name: _____ Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
2	Name: _____ Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
3	Name: _____ Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
4	Name: _____ Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
5	Name: _____ Age: _____	<input type="checkbox"/>	<input type="checkbox"/>

*If more than five residents, please supply the above occupant information on an additional sheet of paper.

List total gross income from all sources for all persons living at this address. **Attach a copy of the most recent federal income tax return or other form of income documentation (Social Security Statement, Unemployment Statement, etc.) to certify income amounts for all persons residing at the residence.**

Please black out confidential information such as social security numbers, etc.

- Salaries/wages/tips/self-employment income
- Social Security/SSI
- Pensions or annuities
- TANF
- Unemployment
- Child Support
- Military Pay
- Other – Please specify: _____
- Other – Please specify: _____
- Other – Please specify: _____

Total Gross Monthly Income of Household:	
\$	
TOTAL	\$

**You do not need to include food stamps or educational grants.

CONTINUED ON NEXT PAGE....



Before an application is reviewed, it must be completed in full and accompanied by a copy of the most recently filed federal income tax return, or other income documentation, for all persons living at this address. You will also need to include a copy of your most current water bill from the City of Lafayette.

I hereby certify that all statements contained in this application are true to the best of my knowledge and I agree to conform to all regulations adopted by the City of Lafayette. I understand that any misstatement or omission of material fact in this application may cause forfeiture, on my part, of all rights to reduced utility rates and may subject me to penalties including repayment of reduced amounts. I authorize the City of Lafayette and the Housing Authority of Yamhill County as the partnering agency to request verification from any information source provided in this application.

Signature of applicant (must be person on water bill)

Date

When complete, please submit to:

Housing Authority of Yamhill County
Attn: Mary Jacquez

at one of the locations below:

Lafayette Location : Abbey Heights Apartments
 219 12th Street
 Lafayette, OR 97127

OR

McMinnville Location: Housing Authority of Yamhill County
 135 NE Dunn Place
 McMinnville, OR 97128

For any questions, please contact Mary Jacquez at 503.864.9206

For Office Use only:

_____ Approved

Approved/denied by: _____

_____ Denied

Date approved/denied: _____

If denied, state reason _____

Appeal deadline: _____

_____ Appeal requested If appealed, final decision: _____ approved _____ denied

Date approval/denial info sent to City of Lafayette _____

Additional Comments: _____

