



UTILITY BILL CUSTOMER ASSISTANCE PROGRAM

City of Sandy
39250 Pioneer Blvd.
Sandy, OR 97055
503-668-7449 utilitybilling@cityofsandy.com

Application for Reduced Water and Wastewater Charges

Date: _____ Account Number: _____ (in the upper right corner of your utility bill)

Name: _____

Address: _____

Telephone: (____) _____ Email: _____ @ _____

Number of persons in household: _____

Section 1:

Please attach copies of the following:

The most recent tax return, tax forms, and other supporting documentation indicating that all sources of income are considered for testing against the Federal Income Guidelines.

Section 2:

Eligibility for Reduced Water and Wastewater Charges

Yes	No	
		Applicant is the principal resident at the above address and receives bill in their name for utility services.
		The maximum household income from all sources from all persons in the household does not exceed the federal poverty level guidelines. (See other side)

Section 3:

Signature, Certification, and Pledge

I/we certify that all information is true and correct and should my circumstances change in any manner, I/we will immediately notify Sandy Utility Billing. I/we understand that once this application is approved, annual renewal will be required. In order to continue to receive the reduced billing rate for the next year, I/we must return a new completed application to the City of Sandy.

Signature of applicant

Signature of co-applicant, if applicable

Date

Date

Return this completed form and all required documentation to: Sandy City Hall, 39250 Pioneer Blvd. or by email to: utilitybilling@cityofsandy.com

Income Guidelines

Department of Health and Human Services Poverty Guidelines

<https://aspe.hhs.gov/poverty-guidelines>

“These guidelines are the other version of the federal poverty measure. They are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the thresholds for use for administrative purposes — for instance, determining financial eligibility for certain federal programs.”

2025 HHS Guidelines		
HHS Guideline: 48 Contiguous States & DC	(multiplier)	Program Eligibility Threshold
\$21,150	185%	\$39,128

Annual household income can not exceed this amount.

Supporting Documentation (REQUIRED)

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 (Form 1040 or 1040EZ) or other form of income documentation (W-2 form, Social Security Statement, Unemployment Statement, etc.) to certify income amounts **for all persons living at the residence**. If you did not file a tax return, submit a “Verification of Non Filing” from the IRS by filing out a Form 4506-T. The form can be downloaded from www.irs.gov.

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

Salaries/wages/tips/self-employment income	\$
Social Security income (including AFDC and welfare)**	
Pensions or annuities income	
Interest and dividends	
Unemployment compensation	
Alimony / Child Support	
Other (please describe)	
TOTAL	\$

**Food Stamps, SNAP and WIC income are exempt

Utility Office Use Only

Approved by: _____	Date: _____
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