



Print version

For Internal Use Only

Account # \_\_\_\_\_

Route \_\_\_\_\_

## 2026 City of Bellingham Customer Assistance Program Application

The City of Bellingham offers reduced rates to qualified low-income customers for water, sewer, and stormwater utilities provided by the City. The program includes both homeowners and renters who live in a residence receiving a separate City of Bellingham water and/or sewer bill service. An online version of this form is available on our website at [cob.org/reduced-rates](http://cob.org/reduced-rates).

### ELIGIBILITY REQUIREMENT

- ☐ I receive a water and/or sewer bill directly from the City of Bellingham for my full-time primary residence for which I am applying
- ☐ My total household's annual income for **2024** meets the eligibility guidelines outlined below (at or below 80% of Area Median Income AMI). Application must include total gross income from January 1 to December 31 of last year for all persons living in your household

Household Size	1	2	3	4	5	6	7	8
30% AMI	\$22,750.00	\$26,000.00	\$29,250.00	\$32,500.00	\$37,650.00	\$43,150.00	\$48,650.00	\$54,150.00
50% AMI	\$37,950.00	\$43,400.00	\$48,800.00	\$54,200.00	\$58,550.00	\$62,900.00	\$67,250.00	\$71,550.00
80% AMI	\$60,700.00	\$69,400.00	\$78,050.00	\$86,700.00	\$93,650.00	\$100,600.00	\$107,550.00	\$114,450.00

Household Size \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

### APPLICANT INFORMATION

Customer # (8 digits):		Date of Birth:	
Name:			
Mailing Address:			
City	State	Zip	Phone
Service Address (if different):			
Email:		Housing Status – Rent or Own?	

### HOUSEHOLD OCCUPANT INFORMATION

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

## INCOME INFORMATION

INCOME SOURCE	HOUSEHOLD INCOME	INCOME SOURCE	HOUSEHOLD INCOME
Wages, Salaries, tips, etc.	\$	Pensions and annuities	\$
Social Security or Railroad Retirement	\$	Rental Income (Exclude depreciation and expenses)	\$
Interest (all sources)	\$	Real Estate Income (Exclude depreciation and expenses)	\$
Dividends (Ordinary Dividends- Line 3b)	\$	Royalties	\$
Gross Business income	\$	Unemployment	\$
Capital Gain (Exclude losses)	\$	Alimony\Child Support	\$
Other gains	\$	VA Benefits	\$
IRA Distributions	\$	Military pay and benefits	\$
Farm Income	\$	All Other Income	\$

**TOTAL HOUSEHOLD ANNUAL GROSS INCOME:** \$ \_\_\_\_\_

## REQUIRED DOCUMENTATION

Yes ☐ No ☐ Did or will you file a federal tax return for **2024**?

If **YES**, include a full copy of your **2024 tax return including all schedules** for all residents

If **NO**, include **documentation to support income**, such as social security statements, W-2 or 1099s for **all** people living in your household. If you have income from other sources and you did not receive a W2 or 1099, provide either a statement from the organization or copies of your monthly bank statements that show the income received

By signing this form, I confirm that I:

- Have provided all documentation to verify household income and will provide additional documentation upon request.
- Declare under penalty of perjury that the information in this application is true and complete.
- Understand it is my responsibility to notify the City if I move, sell or transfer interest in my property, or no longer qualify for the discount.
- If I receive reduced rates without meeting the qualification guidelines, I will be required to pay back the discount received.

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

## INTERNAL USE ONLY

Calculated Income: \_\_\_\_\_

Date Received	Acct Type	App Reviewed	%	<input type="checkbox"/> Change	<input type="checkbox"/> New	Excel & Eden
				<input type="checkbox"/> No Change	<input type="checkbox"/> Renewal	