CITY OF BELLINGHAM
APPLICATION FOR REDUCED UTILITY RATES
NONPROFIT AFFORDABLE HOUSING
www.cob.org/utilities

The City of Bellingham offers reduced rates to agencies providing affordable housing for low income households. In order to qualify, the agency must be a nonprofit agency or the Bellingham Housing Authority, and the reduced rate is only available for low-income housing where rents are restricted by a federal, state or city housing program for households earning less than 60 percent (60%) of area median income (AMI).

Agency: ____________________________
Mailing Address: ____________________________
Contact Person: ____________________________
Telephone: ____________________________
Email: ____________________________

Housing Project Name: ____________________________
Site Address: ____________________________
Utility Account #: ____________________________

HOUSING VERIFICATION: Please provide the following information to verify qualification for reduced utilities:
- Total Number of Housing Units: ____________________________
- # of Units Restricted to Below 60% AMI: ____________________________
- Name of agency(ies) restricting rent: ____________________________
- Year restriction ends: ____________________________

The City has records of any city covenants restricting rents for households earning less than 60% AMI. If the housing is not restricted by city covenants, please provide a copy of the state or federal covenants that restrict rents for these households below 60% AMI, or verify that the City has them on file from a previous application.

Nonprofit or Housing Authority: I certify that ____________________________ is a registered nonprofit corporation in the state of Washington or a public housing authority.

Customers receiving the rate reduction must renew their application annually. In addition, any customer must notify the Planning and Community Development Department if the property is sold or ownership transferred such that the housing no longer qualifies for the reduced utility rates.

Signature ____________________________ Date ____________________________

Please remit with appropriate documentation by Sept 1 annually to:
CITY OF BELLINGHAM
PLANNING & COMMUNITY DEVELOPMENT
DEPT
210 LOTTIE ST
BELLINGHAM, WA 98225
(360) 778-8300