



Water Quality Protection
Surface Water Management
Wastewater Collection & Treatment

Michael S. Kuenzi, P.E.
Director

Dear Water Environment Services Customer:

Water Environment Services, on behalf of Clackamas County Service District No. 1, (CCSD #1) is able to offer, to those customers who meet the low income guidelines, a reduction of 50% off the sanitary sewer portion of their monthly Sanitary Sewer and Surface Water bill. Low income discounts are not applicable to Surface Water charges.

To apply for this discount, please complete the application on the reverse side of this letter and submit it with the required income documentation. Upon receipt of these required documents, your application will be reviewed for eligibility and processed accordingly.

If the application is approved, the sanitary sewer fee reduction shall become effective with the billing following the approval and will continue for one year. All approved accounts are reviewed annually to continue receiving the discount. At that time you must complete a new application and provide current income documentation.

This year's (2011) qualifying maximum annual income for a single resident is \$20,146.50 and \$27,213.50 combined maximum income for all persons residing in the residence.

If you have any questions, please do not hesitate to contact our office at 503-742-4567. Our hours of operation are Monday through Thursday, 7 a.m. to 5:30 p.m.

Thank you,

Water Environment Services on behalf of Clackamas County Service District No. 1

Если Вы не разговариваете на-английском, пожалуйста позвоните по номеру 503-742-4567 и мы назначим вам встречу с переводчиком.

Si requiere servicio de interpretacion por favor llame a esta oficina al 503-742-4567 Sera un placer arreglarle una cita con alguien que le pueda asitir.



Water Environment Services
 A Department of Clackamas County
 150 Beavercreek Rd. Suite 430
 Oregon City, Oregon 97045
 Phone # (503) 742-4567 Fax # (503) 742-4565
 Tax ID No. 93-6002286



**APPLICATION FOR REDUCTION OF SANITARY SEWER USER CHARGES
 FOR LOW INCOME CITIZENS**

I (we) hereby request Water Environment Services (WES) to reduce the sewer user charges based on the following information (Please Print):

Account No.:		Telephone No.:	
Name:		Address:	
City:	State:	Zip:	
Email Address:			
Other persons occupying the residence:			
Name:		Relation:	

The 2011 qualifying maximum annual income for a single resident is \$20,146.50 and \$27,213.50 combined maximum income for all persons residing in the residence. You must prove your single or combined maximum annual income to the satisfaction of WES, and hereby consent to provide all information deemed necessary to make such determination. Service to the property for which reduction is sought must be the principal residence of the person billed for service.

<input type="checkbox"/> Single Resident Maximum - Under \$20,146.50	<input type="checkbox"/> Combined Residents Maximum – Under \$27,213.50
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For proof of income, applicants must submit either one item from Column A or two items from Column B. Documents will not be returned so please send copies only.

Column A

- Most recent Federal or State Income Tax Return
- Form SSA 1099

Column B

- Pay stubs for last three months
- W-2 forms
- Official year-end income statements
- Social Security award statement
- Monthly Social Security check
- Pension award statements
- Monthly Pension check

IMPORTANT NOTE: If this application is approved, the sanitary sewer user fee reduction shall become effective for the next billing. If approved, this application will entitle you to reduced billings for a one-year period. Each year your account will be reviewed to continue the discount. At that time you must complete a new application and provide current income documentation for review.

Under penalties of false swearing, the undersigned, state that forgoing information is true and correct. I/We further agree to immediately notify the district of any change in the above information.

Applicant's Signature	Date	Applicant's Signature	Date
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For Office Use Only			
Received By: _____	Date: _____	Approved: _____	Denied: _____
Effective Date: _____	Comments: _____		