CITY OF PRIEST RIVER
P.O. Box 415
552 High Street, Priest River, ID 83856
(208) 448-2123
Fax (208) 448-2232

UTILITY DISCOUNT PROGRAM

Customers that qualify for this program will receive a discount of 25% of the base unit charge of the water and wastewater utility service charges of their personal residence providing they meet the following criteria:

1. Applicant must be the owner of the home as recorded by Bonner County; and,
2. Applicant's annual household income must be at or below 150% of the Federal Poverty Level as shown on the Utility Discount Program Application; and,
3. Applicant must have the utility account in their name; and,
4. The application must be completed with the name, age, relationship to the account holder, and annual income of all household occupants, signed, and returned; and,
5. Applicant must apply each year during the month of April. If the renewal is not received by April 30th, the account will be taken off the reduced rate program with no further notice.

* If you currently qualify for Bonner County's Property Tax Reduction Program, you will be approved with the submission of the receipt from Bonner County along with this application.

This discount applies to the base unit charge of the water and wastewater service charges only. Allowable water consumption under this discounted service charge is 10,000 gallons/month. Improvement bond charges and water overage consumption charges will not be discounted.

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QUALIFICATION GUIDELINES FOR UTILITY DISCOUNT PROGRAM

HOUSEHOLD SIZE	ANNUAL GROSS INCOME*
1	$23,475
2	$31,725
3	$39,975
4	$48,225
5	$56,475
6	$64,725
7	$72,975
8	$81,225
Each Additional Family Member	+ $8,250

*150% of the 2025 Federal Poverty Level for the 48 Contiguous States

To determine your eligibility, please fill out the attached form listing all household members, their age, their relationship to the account holder, and all annual gross income.

You must attach supporting documentation for each household member earning income, such as:

- A complete copy of your most recently filed Federal Tax return if you were required to file; or,
- Copies of all Benefit Statements if your only source of income is received from Social Security.

* If the above do not apply, please provide copies of other documentation for all sources of income for each household member.

EVEN THOUGH YOU MAY HAVE QUALIFIED LAST YEAR FOR THIS PROGRAM, YOUR ELIGIBILITY MUST BE RE-ESTABLISHED EVERY YEAR.

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UTILITY DISCOUNT PROGRAM APPLICATION

Applicant Name: _____

Account Number: _____ Phone Number: _____

Service Address: _____

Mailing Address: _____

List all persons residing at the service address, their age, their relationship to the account holder, and their annual gross income. Please use the back of this form if you need additional space.

NAME	AGE	RELATIONSHIP TO ACCOUNT HOLDER	ANNUAL GROSS INCOME

AFFIDAVIT

I hereby apply for a 25% discount of my water and wastewater base utility charges, and I give the City of Priest River City Clerk the right to verify the information provided. I swear that the above information is correct and that this discount is requested for my personal residence only. I understand that this request must be renewed each year before April 30th to ensure that this discount will continue without interruption. I further understand that providing false, incomplete or misleading information is a misdemeanor and subject to a fine of up to $300.00 and/or imprisonment and will result in the removal of my household from this discount program and disqualification of my household from this or any other utility discount program.

Signature: _____ Date: _____

Application Received By: _____ Date: _____