

Utility Assistance Program

The City of Milwaukie offers residential customers a Utility Assistance Program which provides a reduced monthly charge for Water, Sewer, Storm, and Street utility charges. The reduced rates are:

- A waiver of the established base charge for water service
- One half of the established billing and administration charge, treatment charge, and volume charge for wastewater (sewer)
- One half of the established base charge and volume charge for stormwater charges
- A waiver of the street maintenance fee and safe access for everyone fee

To qualify for the reduced rate utility program **each** of the following conditions must be met:

1. The applicant must be a residential utility customer of the City of Milwaukie.
2. The property must be served by one or more of the following services by the City of Milwaukie: water, wastewater, stormwater, or street maintenance.
3. The property served must be occupied and used by the applicant as their principal residence during the period for which a reduced rate is applied.
4. The applicant must not be delinquent in any payment owed to the City of Milwaukie including utilities, local improvement district assessments, Milwaukie Municipal Court fines or Library fines.
5. The applicant must not exceed the current gross annual household income levels established by the Housing Authority of Clackamas County as that income level qualifying for Section 8 Housing Assistance**.
6. The applicant must make a written application on the form provided by the City and must provide all the documentation requested in the application including a copy of prior year's Federal income tax return or other supporting income document (i.e., Social Security statements, unemployment statements, etc.). Confidential information such as social security numbers should be redacted by the applicant.

Rate reductions are based on complete billing months and commence on the first bill after the application is approved by the Finance Department. Billings will not be prorated for partial month eligibility. An approved application will remain in effect until the applicant no longer meets the stated qualifications. Re-qualification for the program is required every May after initial qualification.

The Finance Department will notify applicants whose application is denied in writing. An appeal may be addressed in writing to the City Council within ten days from the date of receipt of the notice specifying the grounds for denial.

Income Limits**:

One occupant living alone:	\$ 43,450/year or \$ 3,620/month
Two occupants in one residence:	\$ 49,650/year or \$ 4,138/month
Three occupants in one residence:	\$ 55,850/year or \$ 4,654/month
Four occupants in one residence:	\$ 62,050/year or \$ 5,171/month
Five occupants in one residence:	\$ 67,050/year or \$ 5,588/month

More than five occupants, reference <http://clackamas.us/housingauthority/section8.html>

**Income Limits are adjusted annually to equal the amount designated by the Housing Authority of Clackamas County for Section 8 Housing Assistance. These amounts are effective April 2025.



UTILITY ASSISTANCE PROGRAM APPLICATION

City of Milwaukie 10501 SE Main Street, Milwaukie, OR 97222

Utility Billing 503-786-7525

City of Milwaukie Utility Account Number: _____

Applicant: _____
(Last) (First)

Address: _____

Phone: (____) _____

Email: _____

Do you own (____) or rent (____)?

If you rent, please complete the following:

Landlord Name: _____
(Last) (First)

Landlord Address: _____

Landlord Phone: (____) _____

Please answer the following:

1. Is this a new application or a renewal?

New	Renewal
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

2. Is this your primary residence?

<input type="checkbox"/>	<input type="checkbox"/>
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3. Do you owe the City any of the following:

Traffic fines, parking tickets, or library fines?

If yes, are you making regular payments on the balance(s)?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Number of occupants in the residence: _____

Occupant information: Please list Name (1) as applicant.

(1) Name: _____ Age: _____

Monthly Income	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

(2) Name: _____ Age: _____

<input type="checkbox"/>	<input type="checkbox"/>
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(3) Name: _____ Age: _____

<input type="checkbox"/>	<input type="checkbox"/>
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(4) Name: _____ Age: _____

<input type="checkbox"/>	<input type="checkbox"/>
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(5) Name: _____ Age: _____

<input type="checkbox"/>	<input type="checkbox"/>
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(6) Name: _____ Age: _____

<input type="checkbox"/>	<input type="checkbox"/>
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If more than five occupants, please supply the above occupant information on an additional sheet of paper.



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List total gross income from all sources for all occupants living at this address. Attach a copy of the most recent federal income tax return or other form of income documentation (Social Security Statement, Unemployment Statement, etc.) to certify income amounts for all persons residing at the residence.

Redact confidential information such as social security numbers, etc.

Income of Household:	
Salaries/wages/tips/self-employment income	\$
Social Security (including AFDC and welfare)**	
Pensions or annuities	
Interest and dividends	
Unemployment compensation	
Alimony	
Other	
Total	\$

***Food Stamps are exempt*

Before an application is reviewed, it must include supporting income documentation, for all occupants living at this address.

I hereby certify that all statements contained herein are true to the best of my knowledge and that I agree to conform to all regulations adopted by the City of Milwaukie. I understand that any misstatement or omission of material fact in this application may cause forfeiture, on my part, of all rights to reduced utility rates and may subject me to penalties. I authorize the City of Milwaukie, at its option, to request verification from any information source provided in this application.

Signature of applicant

Date

Office use only:

Date received: _____

☐ Approved

☐ Denied

Approved/denied by: _____

Date approved/denied: _____

If denied, state reason: _____