



# CITY OF SNOHOMISH

PO BOX 1589 · SNOHOMISH, WASHINGTON 98291-1589 · (360) 568-3115 · WWW.SNOHOMISHWA.GOV

City Council has implemented a City Water Utility Support and Rent Relief Grant Program\* to assist residents financially impacted by COVID-19. Eligible residents may apply for a one-time, not to exceed, \$1,000 grant applied directly to the resident’s City water utility account and/or a one-time, not to exceed, \$1,000 grant for rent relief assistance.

- Snohomish County PUD and other utility accounts (i.e. PSE) are not eligible for this grant.
- Residents approved for low-income senior persons or disabled persons discount rates for water utility are not eligible for this grant.
- Rent relief grants are only offered to residents that do not receive any other type of housing assistance, such as low-income housing or vouchers for housing support.

Council has approved \$100,000 for this grant program. The program is funded through the American Rescue Plan Act (ARPA). Applications will be accepted as long as funds are available.

### Eligibility requirements are as follows:

- Residence within Snohomish city limits.
- The household earns **no more than 40%** of the Snohomish median income. The income breakdown for household size is as follows:

Income Limits by Household Size/Target Population AMI								
	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
40% AMI	\$36,240	\$41,440	\$46,600	\$51,760	\$55,920	\$60,080	\$64,200	\$68,360

### Apply as follows:

**Online:** [Utility Bill and Rent Relief Assistance | Snohomish, WA - Official Website \(snohomishwa.gov\)](https://www.snohomishwa.gov/utility-bill-and-rent-relief-assistance)

**Mail:** City of Snohomish  
ARPA Recovery Specialist  
PO Box 1589  
Snohomish, WA 98291

**City Hall Utility Drop Box:** Located north side of City Hall at 116 Union Ave., Snohomish, WA 98290.

**If you don’t qualify for this program and are unable to pay your delinquent water utility bill, please call 360-282-3197 to make payment arrangements. Payment arrangements shall be applied for [ONLINE](#) or by requesting a form from the City. It shall be at the sole discretion of the City as to the approval or denial of the request for a payment arrangement. There is a limit of two (2) payment arrangements per twelve (12) month period.**

*\*This grant program was supported by funding awarded by US Department of the Treasury. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the US Department of the Treasury. Grant funds are administered by the Coronavirus State and Local Recovery Fund established under the American Rescue Plan Act (ARPA).*



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## CITY WATER UTILITY SUPPORT AND RENT RELIEF GRANT PROGRAM APPLICATION

Application for City Water Utility Support and/or Rent Relief Grant Program for individuals or families living within the City of Snohomish. Total grant request must be no more than \$1,000 per grant option (City Water Utility Support and/or Rent Relief Grant Program). Only one City Water Utility Support and/or Rent Relief grant per residential address will be accepted. This program is funded by and allowed under the American Rescue Plan Act (ARPA).

**PLEASE PROVIDE ANY DOCUMENTATION REQUESTED WITH THIS APPLICATION.** Complete items 1-5 and the applicable sections on the 2<sup>nd</sup> page of the application. (\*) required fields. If a question does not apply to you, write "N/A" or "not applicable" in the question field.

_____ APPLICANT NAME*	_____ DATE*	_____ EMAIL ADDRESS*
_____ MAILING ADDRESS*		_____ PHONE NUMBER*
_____ LANDLORD NAME		_____ LANDLORD PHONE NUMBER

I am applying for: City Water Utility Support Grant  Rent Relief Grant  Both

### SECTION A: DECLARATION OF LOW/NO INCOME AND HOUSEHOLD DESCRIPTION

Verification of **all** household income: **Please provide scanned documentation** for questions 1 & 2.

- The INCOME/BENEFITS from the following sources: Check all that apply
 

<input type="checkbox"/> SOCIAL SECURITY INSURANCE	<input type="checkbox"/> UNEMPLOYMENT COMPENSATION
<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> EARNED INCOME (Pay Remittance)
<input type="checkbox"/> VETERANS' ASSISTANCE	<input type="checkbox"/> OTHER INCOME
- TOTAL 2021 HOUSEHOLD INCOME\*: \$ \_\_\_\_\_  
 2021 Income Tax Return (or tax return waiver)
- TOTAL HOUSEHOLD MEMBERS\*: Number living in home \_\_\_\_\_  
Check all that apply:  Disabled  60+
- RESIDENCE STATUS:
  - Yes, my residence is within the Snohomish City limits.
  - No, my residence is not within the Snohomish City limits.

### SECTION B: COVID-19 ECONOMIC IMPACT

- Please select which COVID-19 economic impact(s) applies to you:
  - Death of immediate family member due to COVID-19
  - Loss of job or income due to COVID-19
  - Sudden illness or injury due to COVID-19
  - Substantial loss of funds due to COVID-19

- Severely disabled or ill household member due to COVID-19
- Other due to COVID-19 (Describe below)  
Please give a **complete account** of other COVID-19 economic impact.

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**SECTION C: CITY WATER UTILITY INFORMATION**

PAST DUE AMOUNT: \$ \_\_\_\_\_

ACCOUNT NUMBER: # \_\_\_\_\_

**Please provide scanned copies of documentation:**

- Most current City Water Utility statement.

**SECTION D: RENT/MORTGAGE INFORMATION**

PAST DUE AMOUNT: \$ \_\_\_\_\_

**Please provide scanned copies of documentation:**

- Most current rental/lease agreement
- Current mortgage statement with past due amounts included.

**Please provide rental/mortgage payment remittance information:**

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By my signature below, I certify the following:

- I have provided and reviewed the information on this application. This information is accurate to the best of my knowledge. I also give my permission for the City of Snohomish Representative to confirm/request/release necessary information that may result in my receiving benefits.
- I hereby authorize my landlord to release billing information to the City of Snohomish Representative in order to process my application.
- I understand that I may or may not receive assistance under this program and if assistance is provided, the payment will be made directly to my landlord on my behalf.
- **I understand that my application is no guarantee of any assistance being awarded to me through this program.**

APPLICANT SIGNATURE\* \_\_\_\_\_ DATE\* \_\_\_\_\_

Submit completed application form to:  
City of Snohomish  
Snohomish City Hall  
Attn: ARPA Recovery Specialist  
PO Box 1589  
Snohomish, WA 98296

For questions please contact:  
Sue Badgley  
ARPA Recovery Specialist  
(360) 913-6005  
s.badgley@snohomishwa.gov