



2026 APPLICATION FOR UTILITY RATE DISCOUNT

Eligible customers may receive a monthly utility discount based on their total annual household income. Only one discount per customer is permitted and will be applied to the customer’s primary residence. Completed forms must have income verification completed through Benton Franklin Community Action Committee. Verified applications can be submitted to Customer Service at the above address or emailed to CustomerService@ci.richland.wa.us.

STEP 1: ELIGIBILITY

QUALIFICATIONS: Qualifications are specified in RMC 3.29.030, RCW 46.16.381, RCW 71.18.020, and RCW 71.05.202.

INCOME REQUIREMENTS: To participate in the low-income utility rate discount program, your household income must not exceed our established tiers listed in the table below. Participation in this program does not affect public assistance benefits you may currently receive. To stay enrolled in the program, you must continue to meet the qualifications of the discount and re-certify your income every two years.

Household Size	Tier 1	Tier 2	Tier 3	Tier 4	
	Up to 50% FPL	51%-100% FPL	101%-150% FPL	200% FPL & 80% AMI	
				151%-200% FPL	80% AMI
1	\$7,980	\$15,960	\$23,940	\$31,920	\$59,050
2	\$10,820	\$21,640	\$32,460	\$43,280	\$67,450
3	\$13,660	\$27,320	\$40,980	\$54,640	\$75,900
4	\$16,500	\$33,000	\$49,500	\$66,000	\$84,300
5	\$19,340	\$38,680	\$58,020	\$77,360	\$91,050
6	\$22,180	\$44,360	\$66,540	\$88,720	\$97,800
7	\$25,020	\$50,040	\$75,060	\$100,080	\$104,550
8	\$27,860	\$55,720	\$83,580	\$111,440	\$111,300
Add for each add'l person	\$2,840	\$5,680	\$8,520	\$11,360	*See below

**AMI: For households of 80% AMI with more than 8 members, this is calculated at 140% of the 4-person household for a family size of 9 would be \$118,020; add 8% to 140% for each additional member thereafter.*

INCOME DEFINITION: Gross income is all money, wages, and salaries, but not including rent or food in lieu of wages. There are no allowable deductions. Income includes but is not limited to: Social Security & Veteran’s benefits, unemployment & worker’s compensation, alimony, child support, dividends, rents, royalties, pensions, regular insurance or annuity payments, periodic receipts from estates or trusts, regular support from someone not living in the household, public assistance, and other financial aid grants.

AUDIT: Verification audits of your income may be made by the City. Proof of income should be kept until the term of your current discount has ended.

CITY OF RICHLAND
CUSTOMER SERVICE

625 Swift Boulevard, MS-10
Richland, WA 99352
(509) 942-1104



FILING PERIOD: Applications for low-income utility rate discounts are accepted year-round and are valid for two years from the date the completed application was received by the City of Richland. Applicants who are eligible to receive the discount must re-apply every two years to continue their discount.

STEP 2: APPLICANT & CUSTOMER INFORMATION

Customer-Account Number: _____ - _____
City of Richland Service Address: _____
Applicant Name: _____
Contact Phone Number: _____ Contact Email Address: _____

STEP 3: INCOME VERIFICATION

MEMBERS OF THE HOUSEHOLD

Name: _____	Gross Annual Income: _____
Name: _____	Gross Annual Income: _____
Name: _____	Gross Annual Income: _____
Name: _____	Gross Annual Income: _____
Total Gross Annual Income: _____	

INCOME VERIFICATION INFORMATION

The following items must be provided for income verification from each category listed below:

Proof of Income (one of the following): Copy of bank statement showing direct deposit of social security, pension benefits, or other form of information.

Proof of Identification (one of the following): Birth Certificate, Driver's License, or valid State identification;

Proof of Address (two of the following): Driver's License, Washington State Identification, or Utility Bill

For income verification, please make an appointment with Benton Franklin Community Action Committee:

Agency Name: Benton Franklin Community Action Committee (BFCAC)
Agency Address: 720 West Court Street
Pasco, WA 99301
Agency Phone: (509)545-4065

Income verification may also be provided by an authorized government agency.

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INCOME CERTIFICATION – FOR AUTHORIZED AGENCIES ONLY

We certify the required information above has been verified, including any accompanying documents, and the gross household income of the applicant’s household is below Federal Poverty Level for the current physical year as listed in the table above.

Agency Name: _____

Agency Phone Number: _____

I hereby certify the foregoing information is correct and I am an authorized signatory of the agency.

Date: _____

Customer-Account Number: _____ - _____

Applicant Name: _____

Is the applicant eligible for low-income? YES NO

Which tier is the customer eligible for? Tier 1 Tier 2 Tier 3 Tier 4

Agent Full Name: _____

Agent Title: _____

Signature of Agent: _____

Agency Certification Stamp/Seal Required:

(stamp/seal)

STEP 4: APPLICANT SIGNATURE

AFFIDAVIT

I swear under the penalties of either civil or criminal perjury that all gross household income is included and statements contained on this application are true.

Signature of Applicant: _____

Date: _____

CITY OF RICHLAND USE ONLY:

Date Received: _____

Entered by: _____