



MARYSVILLE

UTILITY ASSISTANCE GRANT APPLICATION

Return completed applications to:

City of Marysville City Hall
1049 State Avenue
Marysville, WA 98270-4234
Questions: 360-363-8001
utilitybilling@marysvillewa.gov
Fax 360-651-5175

Customer Name: _____

Customer Account Number: _____

Current Address: _____ City: _____ Zip: _____

Current Phone Number: _____ E-mail: _____

Total Number of Persons in Household: _____ Total Monthly Household Income: \$ _____

Do you currently receive Utility Discount on your City's bill? Yes _____ No _____

To Be Eligible for a \$200.00 utility assistance grant (\$100.00 for customers receiving utility discount) you must:

- a. Be a current City of Marysville utility customer; and
- b. Are economically impacted by COVID-19; and
- c. Have a current Total monthly household income (please include all income earned in the household) that is below these amounts:

*2019 HUD Guidelines

Household size:	One (1):	\$3,229	Five (5):	\$4,983
	Two (2):	\$3,692	Six (6):	\$5,354
	Three (3):	\$4,154	Seven (7):	\$5,721
	Four (4):	\$4,613	Eight (8):	\$6,092

Income

Defined by RCW 84.36.383 (5)

Adjusted gross income as defined in the federal internal revenue code, as amended prior to January 1, 1989, plus all of the following items to the extent they are not included in or have been deducted from adjusted gross income:

- a. Capital gains;
- b. Amounts deducted for loss;
- c. Amounts deducted for depreciation;
- d. Pension and annuity receipts;
- e. Military pay and benefits other than attendant-care and medical-aid payments;
- f. Veterans benefits other than attendant-care and medical-aid payments;
- g. Federal social security act and railroad retirement benefits;
- h. Dividend receipts; and
- i. Interest received on state and municipal bonds

Documentation Required:

There are several options for documenting the impact of Covid-19 to monthly household income: The document must be dated later than March 16, 2020, and can be an unemployment letter, an email or letter from your employer with your name stating that a reduction in hours/pay is a result of Covid-19. Official company pay stubs dated prior to March 1 and pay stubs after March 16, 2020, which show a reduction in pay and hours.

I certify that the information in this application is true and correct to the best of my knowledge. I understand that the City of Marysville will rely on the accuracy of the submittals and certification made in conjunction with this application. **Any misrepresentation or inaccurate information may result in a repayment of grant funds.**

Signature: _____ Date: _____

FOR CITY USE ONLY - DOCUMENT CHECKLIST

Current Utility Customer	Yes	No	Address:
Economically impacted by COVID-19?	Yes	No	Pay stub dated before and after March 1, 2020 or A notice of current employment status from employer or A claim for Unemployment
Income at or below household thresholds?	Yes	No	Pay Stubs or unemployment claim.