



Residents

The Town's Utility Assistance Program is intended to provide assistance to low to moderate income households in the Town of Lovettsville as a credit to the individual water and sewer account:

- 1.) Eligibility for moderate- to low-income households based on 70% of the Department of Housing and Urban Development (HUD) April 2022 Washington Metropolitan Statistical Area (MSA) Median Area Income (AMI) levels.

Applicants will be required to submit a completed application that includes a statement of need for financial assistance, and a copy of their proof of their 2021 annual household income of the filed 1040 form with the federal government.

- 2.) The Washington Metropolitan Statistical Area- AMI is tiered according to the number of people in the household. Size of household is based on occupants residing in the home which includes spouse, dependents, roommates (with residency proof) and others (with proof of residency).
- 3.) Based on the number of people in the household, a utility account credit is proposed to be provided equivalent to the minimum monthly service charge of \$49.24 for every occupant of the household. The following table illustrates the income tiers based on 70% of Washington MSA and the resulting eligible Utility Assistance Program grant based on the size (occupants) of the household.

| Household Size | Income Limit (70% of AMI) | Eligible Utility Account Credit |
|----------------|------------------------------|------------------------------------|
| 1 | \$69,800 | \$49.24 |
| 2 | \$79,750 | \$98.48 |
| 3 | \$89,700 | \$147.72 |
| 4 | \$99,650 | \$196.96 |
| 5 | \$107,650 | \$246.20 |
| 6 | \$115,600 | \$295.44 |
| 7 | \$123,600 | \$344.68 |
| 8+ | \$131,500 | \$393.92 |

Please fill out the following form in its entirety.



Utility Assistance Application Form:

Name: _____

Utility Account Number:

Address: _____

Number of occupants living in household:

Name of occupants living in household:

Statement of Need (reason for requesting utility grant assistance):

Proof of Residency of all occupants in household Attached

Proof of 2021 annual household income of the filed 1040 form with the federal government Attached

Statement of Agreement: By signing this form, I acknowledge that all information provided is true and accurate for the utility assistance grant provided by the Town of Lovettsville.

Signature: _____ Date _____