



Utility Billing Office
 City Hall
 50 West 13th Street
 PO Box 1063
 Dubuque, IA 52001
 (563) 589-4144

2020 APPLICATION FOR REDUCED UTILITY FEES

The ordinances which establish monthly utility fees allow for a reduction of base fees for residential premises. Eligibility is based on household size and income.

INCOME GUIDELINES ELIGIBILITY REQUIREMENTS

Household Size	1	2	3	4	5	6	7	8
Income Limit	\$29,050	\$33,200	\$37,350	\$41,450	\$44,800	\$48,100	\$51,400	\$54,750

PLEASE PRINT

I, _____
 Last Name First Middle Maiden

as head of household living at _____
 Address Apartment #

and telephone number: _____, Dubuque, Iowa, hereby apply for a reduction in the applicable monthly water, sewer, refuse and stormwater fees and submit the following information to support my application:

- Total gross annual household income from all persons (18 and older) \$_____
- Do you currently receive Section 8 Housing Choice Voucher assistance? Yes No
 - If yes, proof of income is not required. Skip to number 4.
- Do you file a federal income tax return? Yes No
 - If yes, must include a copy of most recent year tax return.
 - If no, include copy of all that apply: W-2, three consecutive pay stubs for wages/salary, bonuses, social security benefit information for all persons residing in the household, pension benefit information, child support, alimony, rental income and any other income, etc.

4. List all occupants living in the household

	First Name	Last Name	Date of Birth	Relationship to you
1				Self
2				
3				
4				
5				
6				

Additional Information: _____

I declare, under penalties of perjury, that the information provided above is correct and true to the best of my knowledge and belief. I agree to notify the City of Dubuque immediately of any change in the information provided above. I authorize the City of Dubuque to verify information submitted.

I have included documentation to support my income.

 Signature of Applicant Date

FOR CITY USE ONLY

Account #: _____ Route _____ Received by: _____ Date: _____
 Emailed Housing _____ confirm HCV Approved through 20 _____
 Denied: Over income Sent Letter Did not provide proof if income
 Reviewed by: _____ Date: _____

**City of Dubuque
Reduced Utility Fees**

Application must be submitted by the head of household for your primary residence only.

Print your complete name.

Print your full address, including any apartment number.

The application requests the following additional information in support of your application:

Question 1: Enter your **TOTAL GROSS** household income for the year. Remember that this figure must include the income of **ALL** persons 18 and older residing in the household, and must include income from salary and wages, social security, child support, pensions, insurance benefits, alimony, interest and dividends and all other income.

Question 2: Please indicate if you receive Section 8 Housing Choice Voucher assistance.

Question 3: Please indicate if you file a federal income return.

If Yes, include copy of most recent tax return filed.

If No, include a copy of all that apply: W-2, copies of three consecutive pay stubs for wages/salary, social security benefit information for all persons residing in the household, pension benefit information, child support, alimony, rental income and any other income, etc.

City requires some form of verification of income.

Question 4: Enter your telephone number.

Question 5: Enter the total number of persons living in your household, including yourself. **(Note: Must provide first and last name, social security number, date of birth and relationship for yourself and each individual)**

After completing the form, check the information carefully and read the declaration before signing. By signing the application, you are declaring, under penalty of perjury, that the information is true and correct to the best of your knowledge and belief, and that you agree to notify the City of any change in the information provided.

Be sure that the application is **SIGNED AND DATED** before returning to City Hall. Annual renewal required.

Return Application form to:

City of Dubuque Utility Billing
50 West 13th Street
PO Box 1063
Dubuque, Iowa 52004-1063
Fax (563) 690-6688
utilityb@cityofdubuque.org

If you have any questions, please call Utility Billing at (563) 589-4144.