



2026 Low-Income Utility Discount Application

The City of Duvall provides a discount for low-income residents on the base rate of water, sewer and storm drain utility services as provided by City Ordinance #1299. To qualify for the discount, you must meet the following criteria:

City of Duvall Low-Income Discount Criteria (Seattle Bellevue HUD Income Limits– June 2025)

Number of people in household	10% discount on base rate for utilities (HUD Low Income)	40% discount on base rate for utilities (HUD Very Low Income)
1	\$55,001 - \$84,850	\$55,000 or less
2	\$62,851 - \$96,950	\$62,850 or less
3	\$70,701 - \$109,050	\$70,700 or less
4	\$78,551 - \$121,150	\$78,550 or less
5	\$84,851 - \$130,850	\$84,850 or less
6	\$91,151 - \$140,550	\$91,150 or less
7	\$97,451 - \$150,250	\$97,450 or less
8	\$103,701 - \$159,950	\$103,700 or less

To apply for the discount, complete the “Applicant,” “Proof of Income” and “Certification” sections below.

Applicant

Name	Service Address	
_____	_____	_____
Account #	Phone	Email
_____	_____	_____

Proof of Income

All sections must be completed, and all income documentation must be included with application.

I. Check one:

Yes, I file an IRS Tax Return ([include a copy of your most recent Tax Return](#))
Tax Return **must** include copies of **all** Schedules used in preparation of your tax return.

No, I do not file an IRS Tax Return

II. Please complete:

There are _____ people living in the home. Of those people _____ are adults (over the age of 18).

Birth year of **each** adult: _____

III. Total 2025 income (taxable and nontaxable) for all adult occupants in home: _____

IV. Please check all boxes below that apply to you and all other adult occupants of the home ([include a copy of the agency issued Form 1099 for each applicable income source below](#))

	Applicant	Spouse	Other Adult	Other
Adult Employment/Unemployment	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Pension/Annuity/IRA	_____	_____	_____	_____
Dividends/Interest	_____	_____	_____	_____
Rental Income	_____	_____	_____	_____
DSHS (cash assistance)	_____	_____	_____	_____
Other Income, List	_____	_____	_____	_____

Certification:

Please redact social security #'s from all documents!

I, _____ (print name) certify under penalty of perjury that all statements on this form are true and that I have furnished complete and accurate copies of all applicable documentation as indicated above and required to obtain a low-income discount. I am aware that this application must be renewed annually.

Signature	Date
_____	_____

Visit <https://www.commerce.wa.gov/growing-the-economy/energy/low-income-home-energy-assistance/> for information on other low-income assistance programs.