



Star Sewer & Water District

Low-Income Senior Utility Pay Assist Program

If you are a low-income senior you may be eligible for the Utility Discount Program. If approved, you will receive a rate freeze on your utility bill. To qualify for the program, you must meet the following requirements:

- ✓ You have a Star Sewer & Water utility account established in your name
- ✓ You live at the address receiving Star Sewer & Water utility services as your *primary* residence (the District may require proof of residency)
- ✓ You are *at least* 62 years of age
- ✓ Your winter (December - March) water consumption does not exceed an average of 3,000 gallons per month
- ✓ You meet the total household income guidelines below:

2023 HOUSEHOLD INCOME REQUIREMENTS *	
Household Size	Total Household Income
1	\$33,800
2	\$38,600
3	\$43,450
4	\$48,250
5	\$52,150
6	\$56,000
7	\$59,850
8	\$63,700

*Total household income includes the total income for each individual over the age of 18 living in the household. Examples of income and required documentation are described in the "How to Apply" section that follows.

Please Note –

- The discount will apply to the first full month following the application approval date. The district will not apply the discount retroactively. The discount is non-transferrable.
- Program guidelines and eligibility requirements are subject to change. The Board may at any time in its sole discretion change the rules set forth above. The Applicant understands and agrees to the above additional terms.

HOW TO APPLY:

If you meet the requirements, please fill out and return the Utility Pay Assist Application along with copies of the following:

- Valid picture ID with birth date (first time applicants only)
- Proof of residency at the utility service address (State ID, signed lease agreement, etc...)
- Financial Documentation for every individual living in the home who is 18 years of age or greater
Please block out your Social Security Number (SSN) and financial account numbers on all copies provided to our office (please only supply copies as they will not be returned), please make sure your name and address are still visible.
 - Copy of prior year's tax return or, if an income tax return was not filed, a letter of non-filing ([Form 4506-T](#)) from the IRS (first time applicants or applicants that have not previously provided a letter of non-filing only)
 - Copy of prior year's annual social security income statement or an alternate retirement statement
- Application – please submit the above required documentation with your completed application

Return the application and required documentation to the Star Sewer & Water District by mail or in-person to:

Mail:
Star Sewer & Water Dist
PO Box 400
Star, ID 83669

In Person:
10831 W State St
Star, ID 83669

Email: testrada@starswd.com or mthompson@starswd.com

Please feel free to give our office a call if you have any questions. We can be reached Monday-Friday 8:30am – 4:30pm at (208)286-7388



Star Sewer & Water District

Application for Utility Pay Assist Program

The Star Sewer & Water District offers a Pay Assist Program to qualified low-income seniors for utility services provided by the district. Upon approval, qualified customers will receive a rate freeze on their utility bill.

Name		Date of Birth ¹	
Email		Phone #	

Utility Account #	
Address	

¹**Proof of Age (attached):** Driver's License Passport Other: _____

How many people live in the residence? _____

Please print the name of each person (for additional individuals, attach a separate sheet):

Name (print)	Birthdate	Total Gross Income (if over 18 years of age) ²
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

²**Proof of Income (attached):** Please enclose copies of income documentation for ALL household occupants (18 and older)—a copy of the prior year's tax return or a letter of non-filing (4506-T) from the IRS; a copy of the prior year's annual social security income statement or alternate retirement statement.

- Form 1040 *OR* signed Form 4506-T attached
- Social Security statement attached
- All other reportable income documents attached

I, the undersigned, under penalty of perjury of the laws of the State of Idaho do hereby declare and certify:

- I read and understand all of the program guidelines provided within this application. All the information provided by me on this application is accurate, complete, and true to the best of my knowledge.
- I understand that any attempt to falsify my information will result in my disqualification from the program for this year and may subject me to further civil or criminal penalties.
- I promise that I will promptly notify the District in writing of any change in my financial situation that would disqualify me from receiving the utility discount or if I should move from the above residence.
- I promise that I will promptly repay the District for any undercharges that have been made if it is determined that I am not qualified.
- I agree to provide the District with additional information about my income and residence as may be requested from time to time in order to establish eligibility.
- I have removed or blocked-out any Social Security Number and/or financial account numbers on the required supporting documents submitted to the District.

Applicant Printed Name

Signature

Date

Return this application form and required application documentation (proof of age; proof of income) to:

Mail:
Star Sewer & Water District
PO Box 400
Star, ID 83669

In Person:
10831 W State St
Star, ID 83669

Email: testrada@starswd.com or mthompson@starswd.com

INTERNAL USE ONLY:

Date Received

Avg Usage

Initials

District

Approved

Initial:

Denied

Explanation:

Customer Contacted

Entered in System