

The Good Neighbor Fund – Financial Assistant Program



The Dockton Water Association has established a program to aid neighbors who are financially burdened and need assistance in paying their water association bills. This program will operate from August 1, 2024, to July 31, 2025, by which time the Board will evaluate and may extend the program. Assistance is available to eligible applicants for up to 12 months as the budget allows. Upon approval of the application, the program will reduce the resident's bill by \$40/month. The program is open to eligible residential occupants with an active account.

Send questions to manager@docktonwater.org or call (206) 463-5600.

Program Requirements

Residential members of the Association are eligible any of the following apply:

1. their total household income is 60% or less than the Washington State 2024 median income, or
2. any household occupant receives benefits from an established local, state, or federal assistance programs noted on the application (see reverse), or
3. their household faces a temporary need due to unforeseen circumstances, such as unemployment or an unexpected medical expense, or other financial hardship.

Accounts must be paid up to date during the assistance period. If an account is overdue, the discount will be applied each month to the past due amount.

See the application on the back of this notice.

Donate to the Good Neighbor Fund!

Some funds for this program come from the Dockton Water Association's operating budget, but it is largely funded by voluntary donations. Association members who wish to donate to the fund have this opportunity. Once a member chooses to opt-in to the program, the donation amount will be shown as reoccurring at \$2.00/month on future bills. At any time, a donor can opt-out with written notification to the Association. **A one-time donation may be made at any time.**

The Dockton Water Association is a non-profit community utility, but donations cannot qualify as a federal income tax charitable deduction.

If your household would like to contribute to the program, please complete the information below, and return it to the Dockton Water Assoc., 9710 SW Windmill Street, Vashon, WA 98070.

I WOULD LIKE TO DONATE \$2.00/MONTH TO ASSIST NEIGHBORS IN NEED. I UNDERSTAND THE DONATION WILL CONTINUE EACH MONTH UNTIL I CHOOSE TO END IT. I UNDERSTAND THIS DONATION CANNOT QUALIFY AS A FEDERAL INCOME TAX CHARITABLE DONATION.

DATE: _____ ACCOUNT #: _____ EMAIL ADDRESS: _____

PRINTED NAME & SIGNATURE: _____

Application for the Good Neighbor Assistance Program

Please complete this application and return it to DWA, 9710 SW Windmill Street, Vashon, WA 98070. Approval of financial assistance from the fund will be at the manager's discretion. The manager may contact the applicant for additional information. A written response will be provided within 10 days.

The assistance program will provide a discount of \$40/month. The account must be up to date. If an account is overdue, the credit will be applied each month to the past-due amount.

Eligibility Requirements

Residential association members are eligible to apply for assistance if they meet one or more of the criteria:

- The household's gross income is 60% or less of the WA State Median Income for 2024 as noted:

<u>Household Size</u>	<u>Max. Annual Gross</u>	<u>Max. Monthly Gross Income</u>
1 person	\$37,951	\$3,163
2 people	\$49,622	\$4,135
3 people	\$61,301	\$5,018
4 people	\$72,979	\$6,082

(each additional person: \$10,000 additional in annual income, \$1,000 in monthly income)

- Any household occupant receives benefits from one or more of the following programs:
 - SNAP (food stamps) or WIC (Special Supplemental Nutrition for Women, Infants & Children)
 - Medicaid or Supplemental Security Income (SSI)
 - Federal Housing Assistance (Section 8 Vouchers, Section 515 or 521 Rural Rental Assistance)
 - Veterans Pension and Survivors Benefit
 - Free and Reduced-Price School Lunch Program or School Breakfast Program
 - Federal Pell Grant
- The household faces a temporary need due to unforeseen circumstances, such as unemployment, unexpected medical expenses, or other financial hardship.

Application

DATE: _____ ACCOUNT #: _____ NUMBER IN HOUSEHOLD: _____ PHONE: _____

RESIDENT'S NAME: _____ EMAIL ADDRESS: _____

I UNDERSTAND THE PROGRAM REQUIREMENTS. I DECLARE THAT MY HOUSEHOLD IS ELIGIBLE UNDER THE INCOME LIMITS OR AS A RECIPIENT FROM ONE OR MORE OF THE NOTED BENEFIT PROGRAMS. I WILL NOTIFY THE ASSOCIATION PROMPTLY IF THESE CIRCUMSTANCES CHANGE. IN SIGNING THIS APPLICATION, I CERTIFY MY INFORMATION IS TRUTHFUL AND ACCURATE.

APPLICANT'S SIGNATURE _____

FOR OFFICE USE ONLY:

- Approved _____
 - Not Approved _____
- Dave Soltz, Dockton Water Assoc. Manager _____ Date _____