

# CITY OF POLK CITY



**PO Box 426  
112 Third St.  
Polk City, IA  
50226**

**Utility Bill  
Assistance  
Program-Updated  
September 28,  
2020**

The City of Polk City began a short-term utility billing assistance program due to the COVID-19 pandemic. Due to the response, the City of Polk City will continue this program on an annual basis. The program will be evaluated annually by the City Council, and income levels may change. The following are stipulations outlined with the program:

The following are the eligible Income Guidelines established for Polk County in relation to the utility assistance program for the Calendar Year 2020:

Number Residing In Household	1	2	3	4	5	6	7	8+
Maximum Annual FAMILY Income Levels	\$51,150	\$58,450	\$65,750	\$73,050	\$78,900	\$84,750	\$90,600	\$96,450

The following Assistance Restrictions apply:

- Must reside in the city limits of Polk City.
- Residential property only.
- City would reimburse up to \$125 per month but is subject to utility bill amount.
- Residents may apply up to 3 times within a calendar year.
- If monthly application is approved, the city will waive late fees and shut off fees for that approved month.

## **Applicant Information**

Name:

Address:

Phone Number:

Date of Birth:

Size of Household:

Number of Adults (over 18 years of age)

Number of Children (under 18 years of age)

Total Household size:

**Income Declaration**

Monthly Gross Family Income:  
Plus any child support received:  
Proof of income:

Copy of most recent Household/Family Federal Tax Returns must be provided. Also, to include child support received.

I certify that answers and information given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for this program as may be necessary in determining eligibility for assistance. This application for assistance shall be considered active for a period of time not to exceed 180 days. I understand that false or misleading information given in my application will disqualify me from receiving any assistance for the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Utility Billing Assistance Program Outline:**

City of Polk City Resident Complete LMI Assistance Application

- Include Proof of income, inclusive of paystubs, social security and/or pension payments and/or federal income tax returns
- Sign and date application

City of Polk City Resident files application for Assistance with City Clerk

- City Clerk and City Manager reviews application