



City of Washougal
Emergency Utility Assistance Application

Finance – Utility Billing
1701 C Street
Washougal, WA 98671
(360) 835-8501 • Fax (360) 835-8808
www.cityofwashougal.us

For City Use Only:

****Government issued photo ID of Applicant Required****

Applicant Name: _____

Physical Address: _____

Mailing Address (if different): _____

Daytime Phone number: _____

City of Washougal Utility Account Number: _____

****Please list all household members (including applicant). Use additional paper if more space is needed.****

First Name	Last Name	Age	Annual Income (attach verification if over age 18)
1)			\$
2)			\$
3)			\$
4)			\$
5)			\$
6)			\$
7)			\$

*Assistance will not be provided if the application does not show income for all household members and verification of income.

*Income documentation must be attached for every person in household age 18 or older if income is listed above.

Please check the box if any of the following applies to your household:

- ☐ Individuals in the household receive subsidized housing assistance
- ☐ You do not live in the home you are applying for
- ☐ You have not received a disconnection notice from the City of Washougal
- ☐ You have received Washougal Low Income Utility Assistance in the past 6 months

I attest the information provided is true and correct and there is no other income for my household.

Signature of Applicant _____ Date: _____

For City Use Only:

Staff Signature _____

☐ Identification Verified

Staff Signature _____

☐ Income Verified