



City of Stephenville

Delinquent Utility Account Assistance

Purpose:

The City of Stephenville referred to as (“City”) has established this policy to assist utility customers that have been impacted by COVID-19 to the extent that the utility service will be subject to disconnection upon the Stephenville City Council re-instating utility service disconnections.

The COVID-19 pandemic is a public safety and health issue. As washing hands regularly is a step in preventing the spread of COVID-19, disconnecting water utility services for non-payment could affect the spread of the virus, increasing the demands on the City’s public safety departments and negatively affecting the health and welfare of the community.

This policy outlines the City’s policies and procedures in relationship to extending the time to pay delinquent utility bills and the application and approval process for grants to assist in the payment of delinquent utility bills needed for the continuation of service. The City will take into account the overall financial circumstances of the applicant and apply this policy consistently.

All customers with delinquent utility accounts can execute a contract to pay the delinquent utility bills within six (6) months. If the utility customer requests more than a six (6) month contract, a nine (9) month contract can be submitted to the Director of Finance for approval. If the utility customer requests more than a nine (9) month contract, a twelve (12) month contract can be submitted to the City Manager for approval. Equal monthly payments and the current utility bill will be required by the due date of the current bill to avoid disconnection of service.

Customers with delinquent utility accounts that do not have the ability to pay the delinquent account balance within the next six (6) to twelve (12) months, as well as current utility bills, can apply for a one-time delinquent utility bill assistance grant. If approved, the City will provide funds from the General Fund CARES allocation to apply towards active delinquent utility accounts, which are due from customers who can successfully demonstrate that paying the delinquent utility bills would cause significant financial hardship and the non-payment of which would cause termination of service.

Financial Hardship Criteria:

The City will take into account a range of factors when deciding whether the full payment of the delinquent utility account will cause the applicant financial hardship. In making the decision whether to provide the assistance grant, the City will compare the amount earned, living expenses, assets and debts.



Written verification, when available, may be required to substantiate and verify information contained in the application.

1. Whether payment of the utility bills will affect the applicant's ability to pay for the following living expenses: food and clothes; rent or mortgage payments; any other basic needs; or any special needs for a serious illness or disability.
2. Whether the applicant owns any assets, such as a car or house. Assets also include: money in the bank; cash on hand for short term expenses; and money designated for special needs.
3. Whether the applicant has any debts.

The City uses a combination of the current year's federal poverty guidelines to help in determining if an applicant qualifies for a financial hardship.

In applying these guidelines, the City will also consider and take into account any other income and expenses including money earned in the entire household. Income and employment status verification may be required: including tax returns: check stubs, etc.



City of Stephenville

Delinquent Utility Account Assistance

An application for delinquent utility account assistance must be made in accordance with the City of Stephenville, hereinafter referred to as (“City”); policy entitled “Delinquent Utility Account Assistance”.

Applicants can request and complete a Delinquent Utility Account Assistance Application Form. The form can be obtained by calling 254-918-1230 or by visiting Stephenville Utility Billing office, located in City Hall, at 298 W. Washington St., Stephenville, TX 76401, during normal business hours.

If applying in person, please be prepared to offer written verification of the necessary information about your financial circumstances. If you have difficulty performing any of these tasks, please contact Stephenville Utility Billing at 254-918-1230. Applicants are required to return the completed forms and submit all required documentation to Stephenville Utility Billing at 298 W. Washington St., Stephenville, TX 76401, fax to 254-918-1211, or email to utilitybilling@stephenvilletx.gov.

Required Information:

The City requires independent information to support claims of financial hardship including verification of expenses and income. The information submitted will be treated confidentially and will only be reviewed by Stephenville Finance Department staff, the Stephenville Finance Committee, and Utility Billing and Collections staff that process the utility transactions.

Time Frame:

After an application and verification information is received, The City will consider the overall financial situation of the applicant and then render a decision. The City has designated the authority to grant or reject requests for delinquent utility account assistance to the Finance Director or City Manager. All decisions will be made within 10 working days from the time that the City receives and reviews all required information.

Applicants will receive a notification letter outlining whether or not the application has been approved or rejected. If our request for delinquent utility account assistance is rejected, the City will provide the applicant with a written summary and explanation of its decision.

The City will maintain all documentation related to the delinquent utility account assistance process. This documentation will include all supporting documentation including the application and all documents provided in support of the request.



In applying these guidelines, the City will also consider and take into account all other income and expenses; including money earned in the entire household. Income and employment status verification may be required; including tax returns; check stubs, etc.

Income shall be annualized from the date of request based on documentation provided, and upon verbal information provided by the utility customer. The annualization process will also take into consideration seasonal employment and temporary increase and/or decreases of income.

Any denial of delinquent utility account assistance will be written and will include instructions for reconsideration. If any additional documentation of financial need is received, the application will be reviewed and considered per the above guidelines.

PLEASE COMPLETE ATTACHED APPLICATION AND FINANCIAL STATEMENT.

YOUR REQUEST CANNOT BE PROCESSED UNLESS THE APPLICATION AND FINANCIAL STATEMENT IS FULLY COMPLETED AND SIGNED!



City of Stephenville

Delinquent Utility Account Assistance Application

Please complete the application and attached financial statement. Please return all forms and required documentation by mail to Stephenville Utility Billing at 298 W. Washington St., Stephenville, TX 76401, by fax to 254-918-1211, or by email at utilitybilling@stephenvilletx.gov. *All information relating to delinquent utility account assistance will be kept confidential.*

Account Name: _____

Address 1: _____

Address 2: _____

Stephenville, TX 76401

Telephone #: _____

Account number: ____ - ____ - ____

Utility bill dates _____

I am requesting assistance in the amount of \$ _____.

Name of Person completing this Application (if different than Utility Customer listed above)

_____ Telephone #: _____

Relationship to Utility Customer: _____

NUMBER OF FAMILY MEMBERS (LIVING IN HOUSEHOLD): _____

PLEASE LIST ALL CURRENT EMPLOYERS:

Check Here if UNEMPLOYED. HOW LONG?: _____

Employer 1: _____

Address: _____



Contact Person: _____ Telephone: _____

Employer 2: _____

Address: _____

Contact Person: _____ Telephone: _____

Please provide documentation of proof of income. Appropriate documentation of financial hardship would be one or more of the following:

1. Documented proof that Utility customer is at the current federal poverty guidelines (see attachment A for current federal HHS guidelines). Documents may include but not limited to:
 - W-2 withholding statements or unemployment check stubs for the past 90 days
 - Pay check stubs for the past 90 days for all persons employed in the home
 - Income tax return (most recent signed 1040 and/or W-2)
 - Proof of all other income received in the past 90 days
 - Unemployment denial letters
 - Forms from employers or welfare agencies.

2. Utility customer has other circumstances that indicate financial hardship. These can be situations such as:
 - Proof of all outstanding debts or bills (copies of bills, statements; late notices, etc.)
 - Proof of bankruptcy settlement (if applicable)
 - Catastrophic situations (death or disability in family, divorce) ***or other documentation which demonstrates the utility customer would be unable to pay delinquent utility bills and still be able to pay for other basic necessary expenses.***

3. Please describe utility customer indigent circumstances:



MONTHLY FAMILY INCOME & SOURCE

	Account Holder	Spouse	Dependents
Monthly Salary (Gross)	\$	\$	\$
Public Assistance Benefits	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Social Security Benefits	\$	\$	\$
Workman's Compensation	\$	\$	\$
Child Support	\$	\$	\$
Other (Alimony, Etc.)	\$	\$	\$
Subtotal	\$	\$	\$
TOTAL FAMILY INCOME			\$

*I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT. I AUTHORIZE **CITY OF STEPHENVILLE** TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEED.*



_____/_____/_____
Signature of Person Making Request Date

Printed Name of Person Making Request

City of Stephenville Administrative Use Only

Account Name: _____

Account #: _____ - _____ - _____ Service Address: _____

Account balance: \$ _____ Delinquent amount \$ _____

Date application received: _____

Outcome of Request: (circle one) Approved Denied

Reason: _____

_____/_____/_____
Director of Finance/City Manager signature Date



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Delinquent Utility Account Assistance Application

Attachment A 2014

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,480 for each additional person.	
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120