



**CITY OF BELLEVUE APPLICATION
FOR:
Utilities Rate Reduction Program**

Program Yr: _____

Utilities Customer Service
301 - 116th Avenue SE, Suite 230
P.O. Box 90011, Bellevue, WA 98009-9011
Phone: (425) 452-5285

Access and accommodation
provided to persons with disabilities
TTY (425) 452-6129

- PLEASE FILL IN ALL AREAS COMPLETELY -

1. Starting with yourself, list the name, social security #, and birthdate of everyone currently living in your household and state if they contribute income.

Name(s):	SS #	Birthdate	Income Yes/No
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____

2. Address: _____

Name of apartment complex (if applicable): _____

3. Phone Number: _____

4. How many people currently live in your household? _____

5. Have you qualified for the program before? Yes No
If Yes, list the last year that you qualified _____

6. Are you? Single Married/Co-Tenants Divorced/Separated Widowed

7. Do you? Rent House Own House Rent Apt./Condo Own Condo

8. Have you lived in Bellevue since January 1, 1997?
 Yes No If No, when did you move to Bellevue? _____

Go to #9 on page 2.

- UTILITIES OFFICE USE ONLY -

<input type="checkbox"/> Service Rebate	<input type="checkbox"/> 40%	<input type="checkbox"/> First-Time Applicant	1. Rebate Amount	_____
<input type="checkbox"/> Rental Rebate	<input type="checkbox"/> 75%	<input type="checkbox"/> Prior Year Participant	2. UB #	_____
<input type="checkbox"/> Service Discount	<input type="checkbox"/> S		3. Tax Dist./Bill Cycle	_____
<input type="checkbox"/> Tax Relief	<input type="checkbox"/> D		4. Processed	_____

**UTILITIES RATE REDUCTION PROGRAM
INCOME WORKSHEET**

Please provide the most recent copies of the following documents to support our determination of your eligibility:

- ✓ IRS Form 1040 (Tax Return)
- ✓ All IRS 1099 forms (dividends & interest)
- ✓ W2 Form for wages
- ✓ Statement of SSI or SSDI benefits
- ✓ Statement of public assistance benefits
- ✓ Pay stub

9. Please fill out all areas completely for each applicant listed in section #1 who is contributing income to the household.

Income Source	Annual Income				
	Applicant A.	B.	C.	D.	Total
Social Security (including Medicare)					
Pension Benefits					
Public Assistance					
Interest/Dividends (1099)					
Salaries/Wages					
Business Income (Net)					
Supplemental Security Income (SSI)					
Social Security Disability Income (SSDI)					
Veterans Payments					
IRA withdrawal					
Gifts *					
Other (please list below)					
Total Income					

* Could be subjected to an allowance adjustment

I the undersigned, do hereby certify under penalty of perjury, that I have read and understood all of the program guidelines provided on this application, and that all of the information provided by me on this application is 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. I further certify that my income status remains the same as presented on my documentation.

Applicant Signature _____
Date

Notes:

- UTILITIES OFFICE USE ONLY -

Approved By: _____ Verified By: _____
Date Date