



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

Program Year 2011

Utilities Customer Service
450 110TH Ave NE
P.O. Box 90011, Bellevue, WA 98009-9011
425-452-5285

Access and accommodation
provided to persons with disabilities
TTY: dial 711

PLEASE FILL IN ALL AREAS COMPLETELY

1. Starting with your name, list the name and date of birth, followed by the last four digits of the social security # for everyone currently living in your household.

Name(s): _____ ID: Birthdate (MMDDYY) – SS# last four digits _____
 Example: John Q. Public _____ 020142-0000 _____
 A. _____
 B. _____
 C. _____
 D. _____
 E. _____

2. Service address: _____

 Mailing address: _____
 Name of apartment/condo complex (if applicable): _____
 Phone (with area code): _____ Contact or Cell Phone: _____
 How many people currently live in your household? _____

3. Have you qualified for this program before? Yes No

4. Are you? Single, one person household Married Co-Tenants

5. Do you?
 Rent House Own House Rent Apt/Condo Own Condo Receive Section 8

6. Have you lived in Bellevue since January of 2010?
 Yes No If No, when did you move to Bellevue? _____

⇒ Turn over For #7

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 Applicant	2. UB #	_____
<input type="checkbox"/> Service Discount	<input type="checkbox"/> S	<input type="checkbox"/> Application Denied	3. Tax Dist./Bill Cycle	_____
<input type="checkbox"/> Tax Relief	<input type="checkbox"/> D		4. Processed	_____

**UTILITIES RATE REDUCTION PROGRAM
INCOME WORKSHEET**

7. Please provide copies of income documents for each applicant listed in section #1 who is contributing to the Household, as well as copies of photo identification, PSE bill WITH GRAPH PAGE and proof of residency.

- | | |
|--|--|
| ✓ Social Security statements | ✓ Income tax form (1040) prepared by an accountant |
| ✓ Pension or Veteran's statements | ✓ Driver's license, passport or other photo ID |
| ✓ Bank statement <u>IF</u> unable to provide SS, Pension or Veteran's statements | ✓ Social Security card (verify last 4 digits only) |
| ✓ W-2 form | ✓ Child Support / Alimony |
| ✓ IRA withdrawal statement | ✓ Rental or lease contract |
| | ✓ Utility bill (PSE bill WITH GRAPH PAGE) |

**** DO NOT enter income amounts on chart below -- Provide copies of all income documents ****

Income Source	Annual Income				
	Applicant A.	B.	C.	D.	Total
Social Security (excluding Medicare)					
Pension Benefits					
Public Assistance / DSHS					
Interest/Dividends (1099)					
Salaries/Wages					
Business Income					
Supplemental Security Income (SSI)					
Social Security Disability Income(SSDI)					
Veterans Payments					
IRA withdrawal					
Gifts (up to \$ 7,220)					
Alimony / Child Support					
Student Grants					
Other (please list)					
Total Income					

I, the undersigned, do hereby certify 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. I understand that if I receive rate assistance and do not disclose all sources of income for household members, or changes in my household income or housing status changes, the City may recover the actual cost of my utility bills for the period that I was not eligible. I understand that reduced rates will NOT TRANSFER IF I MOVE, and I must re-apply.

Applicant Signature

Date

Applicant Signature

Date

UTILITIES OFFICE USE ONLY

Approved By: _____
Date

Verified By: _____
Date

Notes:
