



CITY OF BELLEVUE APPLICATION
Utilities Rate Reduction Program

Program Year 2012

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: 020142-1234

Example: John Q. Public (EX: Feb 1, 1942 with 1234 last four of SS# = 020142-1234)

- A.
B.
C.
D.
E.

2. Service address: Where you live

- Mailing address or PO Box:
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 2011? Yes No If No, when did you move to Bellevue?

Turn over For #7

UTILITIES OFFICE USE ONLY

- Service Rebate 40% First Time Applicant 1. Rebate Amount
Rental Rebate 75% Prior Year Applicant 2. UB #
Service Discount S Application Denied 3. Tax Dist./Bill Cycle
Tax Relief D 4. Processed

**UTILITIES RATE REDUCTION PROGRAM
INCOME WORKSHEET**

7. If you receive income from any of the following sources, please provide those documents with your application.

- | | |
|--|---|
| 1. Social Security,SSI, SSDI statements | 7. Driver's license, passport or other photo ID |
| 2. Pension or Veteran's statements | 8. Social Security card (verify last 4 digits only) |
| 3. Bank statement IF unable to provide SS, Pension or Veteran's statements | 9. Child Support / Alimony |
| 4. W-2 form (salary) | 10. Public Assistance (DSHS, TANF, etc) |
| 5. IRA withdrawal statement | 11. Utility bill (PSE bill WITH GRAPH PAGE) |
| 6. Tax Return(1040)prepared by accountant | 12. Business Income (Schedule C on 1040) |
| | 13. Interest & Dividends (1099's) |

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

Income Source for each Applicant	Annual Income				
	A.	B.	C.	D.	Total
Social Security (excluding Medicare)					
Pension Benefits					
Public Assistance / DSHS					
Interest/Dividends (1099)					
Salaries/Wages					
Business Income (Schedule C)					
Supplemental Security Income (SSI)					
Social Security Disability Income(SSDI)					
Veterans Payments					
IRA withdrawal					
Gifts (up to \$ 7,487)					
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:
