

Mail Application: 810 3rd Ave, Ste 440
 Seattle, WA 98104
 OR Fax Application: 206.621.5012
 OR Email Application: UDP@Seattle.gov



City of Seattle
 Human Services Department
 Assistance Program Application
www.seattle.gov/UDP
 Office Phone: 206.684.0268

The City of Seattle is dedicated to assisting customers in accessing the assistance programs the city has to offer. The following application will be used to enroll customers in the following programs: Utility Discount Program, The Seattle Public Utility Emergency Assistance Program (SPU-EAP), Project Share, The Emergency Low-Income Assistance Program (ELIA), and the \$20 Car Tab Rebate Program. Eligibility is based on meeting annual income criteria, and on the date the completed application is received by the city. Applications are processed in the order they are received.

Government issued Identification for all persons 18 years and older; Please provide a copy of one of the items below for each adult:

- State driver's license
- State identification card
- Passport or Permanent Resident Card

Please provide your SNAP benefits client ID or your social security number below to provide verification of gross income.

SNAP Benefits Client ID: _____ OR Social Security #: _____ - _____ - _____

If you are not on SNAP, please provide income documentation for ALL persons 18 years old and older living in your home. Please provide verification of GROSS income received in the following month: _____

- Paycheck stubs/ Employer statement showing GROSS earnings
- DSHS award letters (TANF, GAU/GAX)
- Child support
- Social Security/SSI award letter/Survivor benefits
- Pensions/Annuity/IRA, Interest & Dividends
- Labor and Industry (L&I) statement
- Student financial aid and tuition statement
- Rental/investment property income (Provide a copy of lease/rental agreement.)
- Self employed (Most recent full tax return & 3 months profit & loss statements)
- Other income: _____
- Please have _____ complete the highlighted sections and sign the enclosed "Request for Records" form and mail it with your application.

Primary Name on Electric Bill:			
	Last	First	Middle
Physical Address:			
	Street	Apt#	City
Mailing Address:			
	Street	Apt#	City

Primary Phone:		Message:	
E-Mail:			

Seattle City Light CCB (Account) #:	
Seattle Public Utilities CCB (Account) #:	
Car License Plate Number:	Date Registration Paid: / /

Please complete the front and back of this form



HOUSING INFORMATION

Household members include everyone living in the home, regardless of age, whether or not they pay rent, and their relationship to applicant. Examples: roommates, relatives, tenants, children, friends, extended family members, etc.

Name (Last, First)	Date of Birth	Sex	Relationship to You	Gross Monthly Income	Income Source (employers name, Social Security, TANF, etc.)
		M <input type="checkbox"/> F <input type="checkbox"/>	Myself	\$ _____	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____	

Total number in household: ___ If more than 5, list other household members on a separate page.

Source of income or benefits (please check all that apply):

- Wages Unemployment Child Support Adoption Support TANF
 Pension/Annuity IRA VA Rental income GAU
 Social Security/SSI Other: _____

HOUSING INFORMATION

Amount you pay for rent or mortgage: \$ _____

Housing Type: Single Family Home 2, 3 or 4 Units Apt. Building Condo Mobile Home

How do you heat your home? Electric Gas Oil Wood Other: _____

Cable TV customers may qualify for a low-income discount. If you subscribe to Cable TV, which company?

- Comcast Broadstripe Other: _____

OPTIONAL INFORMATION

How do you identify yourself: Multi Racial American Indian, Alaska Native Asian American/Asian
 Black, African American, African Hispanic, Latino Hawaiian Native, Pacific Islander White, Caucasian
 Other? _____

What is your primary language?

How did you hear about our services? Radio Television Newspaper Newsletter
 Utility Bill insert Website Family or friends Other: _____

Would you like a home energy visit by Seattle City Light to help conserve energy? Yes No

You may qualify for other benefits or benefit programs available through the City of Seattle. You can be considered for these programs by checking this box:

If you do not want your information considered for other programs, please check this box:

SIGNATURE

This application and supporting documentation are used to review eligibility for additional City benefits and will NOT be shared with U.S. Citizenship and Immigration Services (USCIS). I authorize the City to use these materials to enroll me in assistance programs for which I am eligible. I am aware that my information is subject to review and verification and that other documentation may be required. I grant permission to request or release information to, or from, the Seattle Housing Authority, Sec 8 HUD, King County Housing Authority, other government agencies, or their delegated agents; this may result in receipt or denial of City benefits. Submitting this application does not guarantee eligibility or enrollment in any programs. I certify that the information I provided is accurate and complete and that I may be subject to criminal prosecution if I have knowingly given false or misleading information. I agree to provide updated proof of eligibility at any time, if requested. I understand that if I am found to be in violation of program rules, and receive assistance and have not truly disclosed all information, I will be terminated from the program(s) and the City may recover the actual cost(s) for the periods I was not eligible. I will notify the City of Seattle if my income or living situation changes.

Signature:

Date: