

Mail Application: 810 3<sup>rd</sup> Ave, Ste 440  
 Seattle, WA 98104  
 OR Fax Application: 206.621.5012  
 OR Email Application: [UDP@Seattle.gov](mailto:UDP@Seattle.gov)  
 Phone number: 206-684-0268



City of Seattle  
 Assistance Programs Application  
[www.seattle.gov/UDP](http://www.seattle.gov/UDP)

- SPU-EAP \_\_\_\_\_
- ELIA \_\_\_\_\_
- PROJECT SHARE \_\_\_\_\_
- \$20 Car Tab Rebate \_\_\_\_\_
- UDP \_\_\_\_\_

This application may 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 each individual program enrollment criteria, meeting annual income criteria, and based 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 Food Assistance 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 your Seattle City Light bill:			
	Last	First	Middle
Physical Address:			
	Street	Apt#	City Zip
Mailing Address:			
	Street	Apt#	City Zip

<b>Primary Phone:</b>		<b>Message:</b>		<b>E-Mail:</b>	
-----------------------	--	-----------------	--	----------------	--

<b>Seattle City Light (Account) #:</b>	
<b>Seattle Public Utilities (Account) #:</b>	
<b>Car License Plate Number:</b>	<b>Date Registration Paid:</b> /    /
<b>Car License Plate Number (2<sup>nd</sup> vehicle):</b>	<b>Date Registration Paid:</b> /    /

REV 04-24-17

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/ABD  
 Pension/Annuity       RCA       VA       Rental income       HEN  
 Social Security/SSI       Other: \_\_\_\_\_

**HOUSING INFORMATION**

Amount you pay for rent or mortgage: \$ \_\_\_\_\_ If rent is subsidized (check one):

- Housing Status:**       Seattle Housing Authority       WSHFC  
                                   King County Housing Authority       Other: \_\_\_\_\_

- 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       Wave       Other: \_\_\_\_\_

**OPTIONAL INFORMATION**

- How do you identify yourself:**       Multi Racial       Native American, 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: \_\_\_\_\_

As a participant of the Utility Discount Program, you may be eligible for additional governmental benefits. If you do NOT wish to receive notices for additional City of Seattle and/or King County benefit programs, please check this box.

**SIGNATURE**

I am aware that my information is subject to review and verification and that other documentation may be required. I grant permission to request information 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 removed 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.**

*Primary Name on SCL Bill*

**Signature:**

**Date:**