

To Submit by Mail -700-5th Ave Ste# 2832
Seattle, WA 98124

To Submit by Fax- 206.287.5356
Email: SCL_RateAssistance@Seattle.Gov
OR SCL_ELIA@Seattle.Gov



City of Seattle
Assistance Programs Application

- SPU-EAP-206-684-5800
- ELIA - 206-684-3688
- PROJECT SHARE _____
- \$20 Car Tab Rebate _____
- UDP-206-684-5788

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 to enroll in the UDP Program.

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 previous 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

Primary Phone:		Message:		E-Mail:	
Seattle City Light (Account) #:					
Seattle Public Utilities (Account) #:					
Car License Plate Number:		Date Registration Paid:	/	/	
Car License Plate Number (2nd vehicle):		Date Registration Paid:	/	/	

REV 11-30-18

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: _____ **Outreach- Location: POS**

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: