



City of Seattle

Affordable Housing/Seattle City Light

Utility Discount Program Verification Review and Application

Eligibility for the program is retroactive from the date the application is received. Applications are processed in the order they are received.



DOCUMENTATION TO BE SENT TO UTILITY DISCOUNT PROGRAM

1. IDENTIFICATION Please provide copy of one of the following for each adult 18 years+, who is a household member:

- State Driver's License
State ID Card
Passport
Permanent Residence Card

Note: This application and supporting documentation are only used to review eligibility for additional City benefits and will NOT be shared with U.S. Citizenship and Immigration Services (USCIS) or other government agencies.

2. RESIDENT APPLICATION Please complete resident application including City Light customer signature.

3. HOME PROVIDER VERIFICATION Please sign below and return this form with copy of tenant identification(s) to Utility Discount Program (address below).

AFFORDABLE HOUSING PROVIDER VERIFICATION

Form with fields: Name of Housing Provider Organization, Building Name, Building Street Address, Apt#, City, Zip, Housing Provider Staff Name, Contact Phone, Email

HOUSING PROVIDER SIGNATURE

As an authorized agent of the above noted Affordable Housing Provider, I certify that the information provided herein is accurate. I have reviewed the applicant's income information and verify that it meets the criteria provided by Seattle City Light related to participation in the Utility Discount Program.

Form with fields: Housing Provider Staff Signature, Date

FAX application and documentation to: (206)287-5368

or Email application and documentation to: SCL_RateAssistance@seattle.gov

Questions: Please call (206)684-3417 or e-mail: SCL_RateAssistance@seattle.gov Seattle City Light Utility Discount Program, PO Box 34023, Seattle, WA 98124-4023

For Utility Discount Program Office Use Only

Seattle City Light Account Number: 01-

RESIDENT APPLICATION

Primary Name on Seattle City Light Bill	Last	First	Middle	
Physical Address:	Street	Apt#	City	Zip
Mailing Address:	Street	Apt#	City	Zip
Phone and E-Mail	Primary Phone	Message Phone	Email	

HOUSING INFORMATION

Household members include everyone living in the home, regardless of age, whether or not they pay rent, and their relationship to applicant.

Name (Last, First)	DOB (mm-d-yyyy)	Sex	Relationship to Applicant/Self*	Gross Income	Income Source
		M <input type="checkbox"/> F <input type="checkbox"/>	Applicant/Self	\$ _____/mo	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____/mo	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____/mo	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____/mo	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____/mo	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$ _____/mo	

*Spouse, Domestic partner, Adult – other, Child, Foster child/adult, Grandchild, Child-other, Applicant parent, Spouse parent

Total # in household: _____ (If more than 6, list other household members on a separate page.)

Move in date: _____ **Total GROSS Household Income:** _____

- **How do you heat your home?** Electric Gas Propane Oil Wood Portable Other: _____
- **Cable TV** customers may qualify for a low-income discount. If you subscribe to cable TV, which company?
Comcast Broadstripe Other: _____
- **Home Energy Visits** Seattle City Light will provide free home energy visits to help conserve energy for even more savings. Are you interested in scheduling a free home energy visit? Yes No

OPTIONAL INFORMATION

How do you identify yourself?: American Indian, Alaska Native Asian American, Asian Black, African American, African Hispanic, Latino Hawaiian Native, Pacific Islander White, Caucasian Multi Racial I prefer not to answer

What is your primary language: _____

APPLICANT SIGNATURE

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 understand that if I 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.

Applicant Signature (must be primary City Light account holder):	Date:
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