

MEMORANDUM OF AGREEMENT
Between
Affordable Housing Provider
And
Seattle City Light
For
Low Income Certification

This Memorandum of Agreement (“Agreement”) between the City of Seattle by and through its Seattle City Light Department (“City Light”), a municipal corporation located at 700 Fifth Avenue, Suite 3200, PO Box 34023, Seattle, WA 98124, and (Affordable Housing Provider), an income based housing provider, sets forth the terms and working guidelines for providing certification services related to customer/tenant participation in the Utility Discount Program (“Program”). This Agreement identifies the roles and responsibilities for the respective parties in facilitating the application, eligibility determination, and approval process for eligible (Affordable Housing Provider) residents seeking participation in the Program.

BACKGROUND.

Since the early 1980’s, the Program has provided reduced utility rates to thousands of qualified City Light and Seattle Public Utilities (“SPU”) customers. Customers who qualify and are enrolled in the Program who rent and do not have their own SPU account, may receive the benefit of the SPU discount applied to their City Light account.

As a low-income housing provider, (Affordable Housing Provider) addresses the affordable housing needs of customers of City Light who meet certain eligibility standards. (Affordable Housing Provider)’s prospective residents must verify that they meet specific criteria, including income and housing eligibility standards necessary for the Program. All (Affordable Housing Provider) residents must maintain individual utility accounts with City Light.

ROLES AND RESPONSIBILITIES.

(Affordable Housing Provider) agrees to:

- For new tenants:
 - Review and certify that the resident’s household income documentation and identification are on file with (Affordable Housing Provider);
 - Provide the Program with a completed, signed original of the Express Rate Application (“ERA”) substantially in the form of Attachment A, certifying that all necessary and appropriate documentation is on file with (Affordable Housing Provider) as part of the initial application/eligibility determination;
 - Forward new applicant/customer information to SCL within one week;
- Upon request and within a reasonable period of time, make (Affordable Housing Provider) resident records available for inspection by the Program, auditors or other City of Seattle authorized representatives;

- Assist the Program in sharing information about the Program with (Affordable Housing Provider) tenants who might qualify for the program via building newsletters, Program brochures, etc.

The Program agrees to:

- Review and approve eligible (Affordable Housing Provider) residents for the Program who have submitted a completed ERA signed by an authorized (Affordable Housing Provider) representative;
- Verify that customers meet the income thresholds outlined in the attached Attachment B (eligibility guidelines are subject to change on an annual basis, effective 1/1/2015);
- Apply the reduced rate to eligible SCL and SPU customer utility billings;
- Through the standard re-certification process, provide qualified residents an opportunity to renew their eligibility after twenty-four (24) months for low income customers and thirty-six (36) months for seniors (65 yrs +) from the date of their approval for inclusion in the Program.

TERM.

This Agreement shall take effect upon final signature by both parties and remain in effect for a period of twenty-four (24) months from the date of final signature. Any modifications to this agreement and associated processes may be made upon agreement by both parties.

TERMINATION.

City Light may terminate this Agreement after providing 30 day written notice to Affordable Housing Provider of such termination. Affordable Housing Provider may terminate this agreement upon 30 day written notice to City Light of such termination. City Light may terminate this agreement for its own convenience by providing five (5) written days notice to Affordable Housing Provider.

CONSIDERATION.

In consideration for City Light providing eligible customers with discounted electric rates and electric conservation information which will help them better manage their financial resources allowing customers the opportunity to stay current on housing and utilities costs, Affordable Housing Provider will supply City Light with information outlined in "Roles and Responsibilities" above.

ASSIGNMENT.

This Agreement shall not be assigned in whole or in part by either Party without the prior written approval of the other Party. The Parties agree that such approval will not be unreasonably withheld.

NOTICES.

Unless otherwise provided in this Agreement, all notices, demands, requests, approvals or other communications which may be or are required to be given, served or sent pursuant to this Agreement shall be in writing and shall be emailed, hand-delivered, mailed by first-class, registered or certified mail, return receipt requested, postage prepaid, or delivered by overnight courier addressed as follows:

If to Affordable Housing Provider:

Housing Provider Executive

If to City Light:

Mat McCudden, Exec. Manager, Customer Account
Seattle City Light
700 5th Avenue, Suite 3200
Seattle, WA 98124

COMPLIANCE WITH LAW.

The Parties to this Agreement shall comply with all Federal, State, and local laws and ordinances.

AMENDMENT.

This Agreement shall not be amended or modified except in writing and signed by both Parties.

DISPUTES.

The Parties shall negotiate in good faith and use their reasonable best efforts to resolve any disputes that may develop under this Agreement. If the undersigned representatives of the Parties identified below cannot resolve a dispute, the dispute shall be referred to the Executive Director of Affordable Housing Provider, or their designee, and City Light’s Director of Customer Care, or their designee, for further negotiation. Only upon failure to resolve the dispute within sixty calendar days may either Party pursue legal action.

ENTIRE AGREEMENT.

This Agreement and any written attachments or amendments thereto, constitutes the complete contractual agreement of the Parties and any oral representations or understandings not incorporated herein are excluded.

IN WITNESS WHEREOF, in consideration of the terms, conditions and covenants contained herein, or attached and incorporated and made a part hereof, the Parties have executed this Agreement by having they representatives affix their signatures below.

SIGNATURES.

Housing Provider Executive

Date

Mat McCudden, Executive Manager, Customer Accounts
Seattle City Light
700 5th Avenue, Suite 3200, Seattle, WA 98124
(206) 684-3111

Date

ATTACHMENT A

Revised 1/12/2015

 <div style="text-align: center;"> <p>City of Seattle Seattle City Light- Affordable Housing ERA Application - Express Rate Application</p> <p><small>Eligibility for the program is retroactive from the date the completed application is received. Applications are processed in the order they are received.</small></p> </div>
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DOCUMENTATION TO BE SENT TO UTILITY DISCOUNT PROGRAM

1. RESIDENT APPLICATION	Please complete resident application below, and include City Light customer signature. Are you a <input type="checkbox"/> New Tenant <input type="checkbox"/> Existing Tenant Date of Move-In: _____
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Primary Name on Seattle City Light Bill:	Last	First	Middle	
Service Address:	Street	Apt#	City	Zip
Mailing Address: (if different)	Street	Apt#	City	Zip
If you have an existing City Light Account Number, please provide:	01-	Phone:	Email Address:	

2. HOUSEHOLD & HOUSING INFORMATION	Household members include everyone living in the home, regardless of age. Whether or not they pay rent and their relationship to applicant. (If more than 4, list other household members on a separate page.)
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Name (Last, First)	DOB (mm-d-yyyy)	Sex	Relationship to Applicant:	Gross Monthly Income	Income Source: (Employer Name, Soc. Security, TANF, etc.)
Applicant/Self		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	

Total # in household: _____ Total annual GROSS household income: \$ _____

- Please complete the following: Are you interested in Budget Billing? Yes No
- Cable TV customers may also 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 you conserve energy. Are you are interested in scheduling a free home energy visit? Yes No

OPTIONAL INFORMATION	How do you identify yourself? <input type="checkbox"/> American Indian, Alaska Native <input type="checkbox"/> Asian American, Asian <input type="checkbox"/> Hispanic, Latino <input type="checkbox"/> Black, African American, African <input type="checkbox"/> Hawaiian Native, Pacific Islander <input type="checkbox"/> White, Caucasian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> I prefer not to answer What is your primary language: _____
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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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Provider Please Complete The Back of this Form



3. HOUSING PROVIDER VERIFICATION Please complete sign below and either fax or email this form to Utility Discount Program (addresses below).

AFFORDABLE HOUSING PROVIDER VERIFICATION

Name of Housing Provider Organization		Building Name	
Building Street Address		City	Zip
Housing Provider Staff Name:		Contact Phone	Email

*Please provide ID information for each adult 18 years+, who is a household member. Please provide information from ONE of the following for each adult over 18: State Driver's License, State ID Card, Passport or Permanent Residence Card.

Type of ID and State or Country	Name	ID Number
Type of ID and State or Country	Name	ID Number
Type of ID and State or Country	Name	ID Number

Please complete the following tenant information:

- Is this tenant: New Tenant Existing Income Verification Date: _____
- If rent is subsidized: Sec. 8/Scattered Sites/Shelter+ Care BOND Tax Credit HUD
(Check all that may apply) SHA KCHA Other: _____
- Monthly rental payment: \$ _____
- Primary Source of Heat: Electric Gas Propane Oil Wood Portable Other: _____

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.

Housing Provider Staff Signature:	Date:
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Fax ERA application to:
(206)287-5368

or

Email ERA application 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

- Senior: Yes No Non-Senior: Yes No Approved: Yes No
- Refer to other City Programs: Yes No BB ELIA PSH Cable Other: _____

Seattle City Light Account Number:	01-	
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ATTACHMENT B

Utility Discount Program income eligibility guidelines (1/1/2015):
Based on 70% State Area Median Income

Household Size	Gross Monthly Income	Gross Yearly Income
1	\$2,570	\$30,840
2	\$3,360	\$40,320
3	\$4,151	\$49,812
4	\$4,941	\$59,292
5	\$5,732	\$68,784
6	\$6,523	\$78,276
7	\$6,671	\$80,052
8	\$6,819	\$81,828
9	\$6,967	\$83,604
10	\$7,116	\$85,392
Each Additional	\$211	\$2,541