Seattle City Light

REV. 5/4/2016

UTILITY DISCOUNT PROGRAM

RESIDENTIAL ELECTRIC SERVICE & EXPRESS RATE APPLICATION (ERA)

Utility Discount Program Express Rate Application

New Seattle City Light customer completes this section:

New Address:_____ Apt. No: _____ Move In Date of Occupancy: _____

Tenant(s) or Occupant Information:

Full Name: _____Daytime Phone: _____Cell Phone: _____

Email: _____ Employer: _____

Mailing Address (if different from above): _____

Previous City Light Customer? If yes, please enter previous address: _____

Co-Occupant Information:

Name: _____ Daytime Phone:_____ Cell Phone:_____

Optional Information:

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

Cable customers may qualify for discount. If you subscribe to cable TV, which company? ☐Comcast ☐Broadstripe ☐Other

By signing this agreement, I understand that I will be automatically enrolled in the Utility Discount Program by my housing provider and that this information is true and correct. I also agree to the following:

1. I authorize the City to enroll me in assistance programs for which I am eligible. I grant permission to request or release information to or from other government agencies or their delegated agents; this may result in receipt or denial of assistance programs. If you do not want your information shared for aforementioned purposes please check this box. ☐

2. When or if I move from the address listed above, I must re-apply for the Utility Discount Program in order to continue receiving the discount.

_____ _____

Customer Signature Date

Residential Electric Service Application

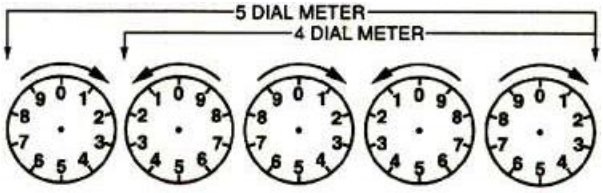
Property Owner/Agent(s) complete this section for rental unit:

Name of Owner/Agent for this property:

Name: _____ Address: _____ Phone: _____

Meter Reading:

I am providing the Meter Reading for the above listed resident.



Electric Meter Number: _____

Date Meter Read:_____ Photo of meter dated and attached ☐

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

I am the ☐ Owner ☐ Agent for the property listed above

I am submitting this application on behalf of the above listed tenant(s) whose identity I have verified in compliance with the Fair and Accurate Credit Transactions Act and the City of Seattle's Identity Theft Prevention Program. I have reviewed the applicant's income and housing information and I verify that it meets the criteria provided by Seattle City Light related to participation in the Utility Discount Program

_____ _____ _____ _____

Signature of Owner/Agent *City* *Daytime Phone* *Date*

Property Owner/Agent(s) Only: Request for Notification of Tenant Delinquency

☐ Yes Please notify me if the electric bill for the tenant(s) account listed above becomes delinquent. I am the owner or authorized agent for this property. I understand that notifications will be sent to the same address as the Vacancy Bills for this property.

☐ No I do not wish to be set up for Tenant Delinquency Notification.

EMAIL TO: SCL_RateAssistance@Seattle.gov OR FAX TO: UDP Fax: (206) 287-5368

FOR MORE INFORMATION CALL: (206)684-5788