



City of Seattle

UTILITY ASSISTANCE PROGRAMS

2025 Application Form

Apply online <https://utilityassistance.seattle.gov/>
For assistance completing this application or other questions, call (206) 684-0268.

Are you struggling to pay your Seattle City Light or Seattle Public Utilities bills?

Please use this application to determine your eligibility and apply for the programs below.

	PROGRAM DETAILS	ELIGIBILITY REQUIREMENTS
Utility Discount Program UDP	The Utility Discount Program provides an ongoing 60% discount on your Seattle City Light electricity bills, and a 50% bill discount for customers who receive their water, sewer, and solid waste services from Seattle Public Utilities. If your landlord pays for the Seattle Public Utilities services at your building, you may be eligible for a utility credit.	You have a Seattle City Light and/or Seattle Public Utilities residential account in your name. Your household income is at or below the guidelines listed for the Utility Discount Program, below.
Seattle City Light Emergency Bill Assistance EBA	If you are struggling with past-due Seattle City Light (electricity) bills, Emergency Bill Assistance can help. Eligible customers receive up to \$1,320 annually in immediate, emergency assistance to reduce their past due balance.	You have a Seattle City Light residential bill in your name. You have received an urgent or shutoff notice OR have a past-due balance of \$250 or more. Your household income is at or below the guidelines listed for Emergency Bill Assistance.
Seattle Public Utilities Emergency Assistance Program EAP	If you are struggling to pay your Seattle Public Utilities (water, sewer, and solid waste) bills, the Emergency Assistance Program can help qualified households by providing up to four pledges annually, up to a maximum total pledge of \$1,014.	You have a Seattle Public Utilities residential account in your name; or if you rent, you have a Seattle City Light account in your name. The property is a single-family residence. Duplexes and multifamily buildings do not qualify. Your household income at or below the guidelines listed for Emergency Bill Assistance.

Our programs use *gross household income* to determine eligibility. This is the *combined* income of all household members 18 years of age or older, and before taxes and deductions.

The table below outlines the maximum gross household income allowed for each program based on your household size. To determine eligibility, pick the row in the table that matches the total number people in your household (including children).

You are eligible for the program if your income is LESS THAN or EQUAL TO the income in the row on the chart. You'll notice that the income levels for the Utility Discount Program are lower than for Emergency Bill Assistance. If you are not eligible for the discount, you may still be eligible for emergency assistance.

Number of people in household (including children)	Maximum Gross Household Income Allowed			
	Utility Discount Program		Emergency Bill Assistance – SCL and SPU	
	Monthly	Yearly	Monthly	Yearly
1	\$4,016	\$48,192	\$4,589	\$55,068
2	\$5,251	\$63,012	\$6,001	\$72,012
3	\$6,487	\$77,844	\$7,413	\$88,956
4	\$7,722	\$92,664	\$8,825	\$105,900
5	\$8,958	\$107,496	\$10,237	\$122,844
6	\$10,193	\$122,316	\$11,649	\$139,788
Each Additional	+ \$232	+ \$2,784	+ \$265	+ \$3,180

GATHERING YOUR APPLICATION DOCUMENTS

The Utility Discount Program and our Emergency Bill Assistance Programs' eligibility guidelines are based on *household income*: the combined incomes of all adults (18 years of age and older) living in the home, including unrelated adults. The following guidance will help you gather a complete application package.

Photo Identification

For each adult household member, provide a copy of one of the accepted forms of identification (State driver's license OR State identification card OR Passport or Permanent Resident Card). For driver's licenses and state identification cards, we only need a copy of the front of the card.

Income Documents

For households where the primary account holder receives Supplemental Nutrition Assistance Program (SNAP) benefits, we only require the primary account holder's SNAP benefits identification number or Social Security Number. No other income documentation is required.

For households where the primary account holder is *not* a SNAP recipient, we require income documentation from each adult household member. Different types of income require different income documents. Use the table below to see which documents we require for each income type.

INCOME TYPES AND RELATED DOCUMENTATION

If anyone in the household has any of the types of income listed below, please provide the associated documentation.

WAGES	All pay stubs received between the first and last day of the most recent full month.
UNEMPLOYMENT	The household member's Employment Security Department (ESD) Form . An electronic copy of the ESD form can be downloaded by logging into Secure Access Washington: https://secure.esd.wa.gov/home
CHILD SUPPORT	A court-ordered document , or a note from the parent paying child support .
ADOPTION SUPPORT	An Adoption Award Letter .
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES / AGED, BLIND OR DISABLED ASSISTANCE (TANF/ABD-)	A Washington Department of Social and Health Services (DSHS) Approval Letter for Benefits . Must include both the Cover Page and the Calculation Page. Find an example of these documents on the Washington DSHS website.
PENSION/ANNUITY	All pension/annuity paystubs or statements received between the first and last day of the most recent full month.
REFUGEE CASH ASSISTANCE (RCA)	The household member's Refugee Cash Assistance Award Letter . You can find an electronic version of the RCA award letter by logging into the Washington Connection website.
VETERAN'S BENEFITS (VA)	The household member's Veterans Affairs Benefits Letter . You can find an electronic version of the VA Benefits Letter on the Dept. of Veteran's Affairs website.
RENTAL INCOME	Lease or Rental Agreement(s) held by the household member. This includes any rental or investment property income received by the household member.
HOUSING AND ESSENTIAL NEEDS REFERRAL (HEN)	A Washington Department of Social and Health Services (DSHS) Approval Letter for Benefits . Must include both the Cover Page and the Calculation Page. Find an example of these documents on the Washington State DSHS website.
SOCIAL SECURITY / SSI	The household member's Social Security, SSI and/or Survivor Benefits Award Letter . An electronic copy can be downloaded by visiting the Social Security Administration website.
SELF-EMPLOYED	A Declaration of Self-Employment form . Contact (206) 684-0268 to receive a copy of this form to include with your application.
OTHER	Select this option for any other types of income not listed above.
NONE	A Declaration of No or Insufficient Income form . Contact (206) 684-0268 to receive a copy of this form to include with your application.



City of Seattle

UTILITY ASSISTANCE PROGRAMS

2025 Application Form

Submit your application and documents by:

Mail: Seattle Utility Assistance Programs
810 3rd Ave, Suite 440 Seattle, WA 98104
Fax: (206) 621-5012 **or**
Email: UDP@Seattle.gov

UTILITY ACCOUNT STATUS QUESTIONS

Please indicate which of the following applies to you. Mark all that apply. This information will help us prioritize the assistance you're eligible to receive.

- I'm struggling to keep up with my: ☐ Seattle City Light bills ☐ Seattle Public Utilities bills.
- I have received an urgent notice on my: ☐ Seattle City Light account ☐ Seattle Public Utilities account.
- I have received a shutoff notice on my: ☐ Seattle City Light account ☐ Seattle Public Utilities account.

PRIMARY ACCOUNT HOLDER INFORMATION

The Primary Account Holder for your household is the person whose name is listed on your Seattle City Light bill.

Name

Last _____ First _____ Middle _____

Service Address

Street _____ Unit/Apartment # _____

City _____ ZIP Code _____

Mailing Address

☐ My Mailing Address is the same as my Service Address

☐ My Mailing Address is different from my Service Address:

Street _____ Unit/Apartment # _____

City _____ ZIP Code _____

Primary Phone: (____) _____ - _____ **Phone type:** ☐ Mobile ☐ Home ☐ Work/Office

Email address: _____ @ _____

Preferred way to be contacted: ☐ Email ☐ Mail ☐ Phone

What is your primary language? _____

Seattle City Light Account #: _____

Seattle Public Utilities Account #: _____ OR:

☐ I do not have a Seattle Public Utilities account.

HOUSING INFORMATION

Amount you pay monthly for rent or mortgage: \$ _____

Housing Status: ☐ I own my home ☐ I rent: Market-Rate Housing ☐ I rent: Subsidized Housing

Housing Type: ☐ Single Family Home ☐ Duplex, Triplex or Fourplex Unit
☐ Apartment Building ☐ Condo ☐ Mobile Home ☐ Studio/Flat

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

Cable TV customers may qualify for a discount. If you subscribe to Cable TV, which company?

☐ Comcast ☐ Wave ☐ Other _____

HOUSEHOLD MEMBER 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 (MM/DD/YYYY)	Gender (Female, Male, Non-binary, Other)	Relationship to You
			Myself

Total number in household: _____ If more than 5, list other household members on a separate page.

Total GROSS monthly household income (all adults in household, before taxes and deductions): \$ _____

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 OR State identification card OR Passport or Permanent Resident Card.

If the Primary Account Holder receives SNAP benefits, please provide their Food Assistance SNAP benefits client ID or your social security number below. No other income verification is required.

SNAP Benefits Client ID: _____ **OR** Social Security #: _____

If the primary account holder is 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 for the full previous calendar month (For example: If applying July 15, provide income documentation for the month of June). If your household includes more than 5 adults, include income information on a separate page.

Name (Last, First)	Gross Monthly Income	Income Sources (see Income Types and Related Documentation table, page 2 of this form)
	\$	
	\$	
	\$	
	\$	
	\$	

PROGRAM TERMS AND CONDITIONS

The information you provide may be shared with partnering City departments to determine eligibility for additional governmental benefits for which you may qualify. Customer data may be shared with third-party contractors to conduct essential utility business, such as printing and mailing bills and providing inserts on city programs that increase your access to free or discounted services and products. To learn more, please visit the City's Privacy Statement: <http://www.seattle.gov/tech/initiatives/privacy/privacy-statement>

USER AGREEMENT

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, 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 that 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.

SIGNATURE _____ **DATE:** _____