|  |  |
| --- | --- |
| Mail Application: 810 3rd Ave, Ste 440 Seattle, WA 98104  OR Fax Application: 206.621.5012  OR Email Application: UDP@Seattle.gov | City of Seattle  Human Services Department  Assistance Program Application [www.seattle.gov/UDP](http://www.seattle.gov/UDP)  Office Phone: 206.684.0268 |
| **The City of Seattle is dedicated to assisting customers in accessing the assistance programs the city has to offer. The following application will 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 annual income criteria, and 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 SNAP benefits client ID or your social security number below to provide verification of gross income.**  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 following 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 Electric Bill: |  |  |  | |
|  | **Last** | **First** | **Middle** | |
| Physical Address: |  |  |  |  |
|  | **Street** | **Apt#** | **City** | **Zip** |
| Mailing Address: |  |  |  |  |
|  | **Street** | **Apt#** | **City** | **Zip** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primary Phone:** |  | **Message:** |  | **E-Mail:** |  |

|  |  |  |
| --- | --- | --- |
| **Seattle City Light CCB (Account) #:** |  | |
| **Seattle Public Utilities CCB (Account) #:** |  | |
| **Car License Plate Number:** |  | **Date Registration Paid: / /** |

**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**  **F** | **Myself** | **$**     \_\_\_ |  | |
|  |  | | **M  F** |  | **$**     \_\_\_ |  | |
|  |  | | **M  F** |  | **$**     \_\_\_ |  | |
|  |  | | **M  F** |  | **$**     \_\_\_ |  | |
|  |  | | **M  F** |  | **$**     \_\_\_ |  | |

**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

Pension/Annuity IRA VA Rental income GAU

Social Security/SSI  Other:

|  |
| --- |
| **HOUSING INFORMATION** |

**Amount you pay for rent or mortgage: $**

**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 Broadstripe Other:

|  |
| --- |
| **OPTIONAL INFORMATION** |

**How do you identify yourself:** Multi Racial American Indian, 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:

**Would you like a home energy visit by Seattle City Light to help conserve energy?** Yes No

You may qualify for other benefits or benefit programs available through the City of Seattle. You can be considered for these programs by checking this box:

If you do not want your information considered for other programs, please check this box:

|  |  |
| --- | --- |
| **Signature** | |
| This application and supporting documentation are used to review eligibility for additional City benefits and will NOT be shared with U.S. Citizenship and Immigration Services (USCIS). 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 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 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. | |
| **Signature:** | **Date:** |