



City of Seattle
UTILITY ASSISTANCE PROGRAMS
 2023 Application Form

Submit your application and documents by:

Mail: Access & Outreach--King County Public Health
 401 5th Ave Suite 1000 Seattle, WA 98104

Fax: (206) 296-0881 **or**

Email: CHAP@kingcounty.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:** _____