



City of Redmond Utility Assistance Program

PROGRAM INFORMATION AND DOCUMENT CHECKLIST

The combined income of **all** persons living in the house per year must be no more than the amounts shown in the following table:

Income: wages, child support income, alimony income, unemployment compensation, social security benefits, annuity/pension benefits, public /government assistance, school financial aid, rent or living expense exchanged for services provided. Other income includes but not limited to: interest income, pensions, annuities, dividends, monthly rental income, etc.

Household Size	Gross Annual Income
1	26,813
2	30,638
3	34,463
4	38,288
5	41,363
6	44,438
7	47,513
8	50,550

Eligibility Requirements / Program Details:

- City of Redmond Utility customer who qualify may be eligible for up to a 25% reduction for their City utility bill
- Only valid for the address listed on the application (**a new application must be completed if you move to a new address**)
- This program is available to residential customers only and does not apply to residences used for business
- Renewal applications are sent every year towards the end of March. Occupant must apply each year to maintain eligibility.

Only applicants who submit a complete eligibility application demonstrating need will be considered. If you are currently receiving assistance from any Federal, State or County agency; government agency assistance does not guarantee that you will qualify for the City's assistance program. **Incomplete applications will not be considered.** Applications can take up to **45 days** to process. Please call after **45 days** of submitting the application to verify that you have been approved.

Required Income Verification Document:

- 2017 Federal Income Taxes
Signed and completed by tax preparer, E-file confirmation or IRS transcript

OR if exempt from filing taxes:

- Six (6) most recent months of statements for all bank accounts
Label and explain all deposits that are not regular reported income

Required Income Verification Supporting Documents (submit all documents that apply):

- Social Security, Veterans and pension (or equivalent) benefit letters
- SNAP and TANF award letters
- Housing assistance verification
- Determination from State Employment Division
- Child support and alimony court documents
- Self Employed-Profit and Loss Statement for six (6) months

Required Housing Verification Document (if occupant is not deeded owner, owner will be notified of benefit assistance):

- Current Copy of Rental Agreement and/or written verification from owner or property management



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ELIGIBILITY APPLICATION

PRIMARY OCCUPANT			
First Name:	Last Name:	MI:	Phone Number:
Service Address:	Mailing Address:	City:	State, Zip:

OCCUPANT(S) INFORMATION-List all occupants including primary occupant listed above					
Occupant Name	DOB	Age	Relationship to Primary Occupant	Source of Income/ Employer Name	Monthly/ Annual Income
					\$
					\$
					\$
					\$
					\$
					\$

Reminders:

- List all occupants regardless of income and age.
- Income includes but is not limited to: wages, child support income, alimony income, unemployment compensation, social security benefits, annuities, pension benefits, public /government assistance, school financial aid, rent or living expenses exchanged for services provided, interest income, dividends, monthly rental income, etc.
- It is the occupant's responsibility to notify the City when they are no longer living at the address or if income changes.**
- Include all required income documents with this application (see "Program Information and Document Checklist").

The undersigned agrees to and understands all program guidelines. The undersigned further assures all information contained in this application is true and correct. I/we understand that any misstatement or omission of material fact in this application may cause forfeiture on my/our part of all rights to reduce utility rates and may subject me/us to penalties. I authorize the City of Redmond, to request verification from any source of information provided in this application.

Primary Occupant

Date

Additional Occupant (if applicable)

Date

Department Use Only 2018-2019			
Date Received _____	New ___	Renewal _____	
Account # _____	Owner ___	Renter _____	
Locate # _____			
Approved _____			