

UTILITY RATE ASSISTANCE PROGRAM

Eligible customers with qualifying utility accounts receive the following benefits each billing period through the Utility Rate

Assistance Program:

- 20% discount on the standard residential electric rate
- \$15 discount on the base charge for electric service
- Up to a 20% discount on the monthly fixed base water service charge

How to apply:

1. Determine your eligibility using the chart on this page.
2. List ALL household members living in the home, including the age and the last four digits of each member's social security number.
3. Provide proof of eligibility using one of two options:
 - Primary utility account holders who are enrolled in one of the following programs are eligible for the Utility Rate Assistance Program (*Please provide proof of enrollment*):
 - CalFresh/SNAP (Food Stamps)
 - CalWorks (TANF, CAPI)
 - Housing Assistance (SEC 8)
 - or-
 - Provide a copy of all of the following income documents for Each adult household member (*if applicable*):
 - Unemployment Benefits letter, accompanied by current Federal Tax Return OR Affidavit of non-filing form.
 - Current Federal Tax Return (pages 1 & 2 with signatures) OR tax transcript which can be obtained by calling the IRS at 1-800-829-1040.
 - What if I have not filed taxes? You must obtain a Verification of Non-Filing of Tax returns from the IRS at 1-800-829-1040.
 - SSI benefits letter AND an Affidavit of non-filing form if you do not file taxes.
4. Sign and submit your documentation to:
City of Roseville - Utilities Customer Care
116 S. Grant Street, Suite 100 Roseville, CA 95678

Please note that W2s, check stubs, and financial statements will not be accepted as proof of income. Do not send this application in with your bill payment.

WHO IS ELIGIBLE?

You must be a current Roseville Utilities customer and have a combined household income less than the 200% Federal Poverty Level based on your household size.

Household/ family size	*200% FPL
1-2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080
8	\$111,440

**Annual gross income as a percentage of the Federal Poverty Level (FPL) as identified by the Department of Health and Human Services (HHS).*

PRIMARY ACCOUNT HOLDER / CUSTOMER ON ACCOUNT

Last Name	First Name		
Home Address	City	State	Zip
Mailing Address (if different than above)	City	State	Zip
Telephone	Roseville Utilities Account Number		Last 4 digits of your SSN

HOUSEHOLD MEMBERS

List all persons living in the home including children under the age of 18. Provide the last 4 digits of the social security number for everyone in the household.

Name	Last 4 of SSN	Age

Income or program documentation

Documents sent to the City will NOT be returned. ***Please allow up to 60 days for processing. The new utility rates will be reflected on bills after eligibility is verified and will not be applied retroactively.***

Declaration and signature

I understand that the information provided on this application will be used to verify and determine eligibility for the Utility Rate Assistance Program. I hereby authorize the City of Roseville to verify the information provided on this application. I also understand it is my obligation to report any increases to my household income, and if my household income exceeds the income qualification level, my participation in the program will be canceled. I understand this is a three (3) year program and will

be required to re-apply to continue receiving the discount.

By signing below, I declare under penalty of perjury that the information contained on this application is true and correct.

Applicant Signature

Date

For assistance, please call City of Roseville Utilities Customer Care at (916) 774-5300 or visit [roseville.ca.gov/CustomerCare](https://www.roseville.ca.gov/CustomerCare)
IRS Forms are available online at [irs.gov/Forms-&-Pubs](https://www.irs.gov/Forms-&-Pubs)

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AFFIDAVIT OF NON-FILING OF TAX RETURNS

_____ and/or _____ do hereby certify, represent and warrant that I was not required to file federal income tax returns for the calendar year _____ in accordance with Section 6012 of the Internal Revenue Code for the following reason(s):

*A full and complete explanation is required when making the above statement of non-filing for the tax year as indicated above. Failure to provide the necessary information may result in suspension or termination of your participation in the Utility Rate Assistance Program or the Medical Rate Assistance Program.

I declare under penalty of perjury that the foregoing is true and correct. Applicant shall provide proof of non-filing upon reasonable request by the City of Roseville.

Name of Applicant	Name of Applicant
Service Address	Roseville Utilities Account Number

Applicant Signature

Date

Applicant Signature

Date