

## How it Works

The Utility Rate Assistance Programs provide a discount plan to residential customers who meet the criteria of “very low income” for Placer County as defined by the United States Department of Housing and Urban Development (HUD) and a discount plan for customers who meet the “low income” definition for Placer County and must use a qualifying medical device.

How it works

Other means of financial assistance may be available through the following agencies:

- Project GO for Home Energy Assistance Program (HEAP) 888-524-5705
- The Salvation Army 916-784-3382 x205
- St. Vincent de Paul 916-781-3303

Roseville Electric  
2090 Hilltop Circle  
Roseville, CA 95747  
(916) 79-POWER  
(916) 774-5220 TDD  
[www.roseville.ca.us/electric](http://www.roseville.ca.us/electric)

Finance Department  
311 Vernon Street  
Roseville, CA 95678  
(916) 774-5300  
[www.roseville.ca.us/finance](http://www.roseville.ca.us/finance)

## Utility Rate Assistance Programs

Utility Rate Assistance Program

2010 -2011  
Financial Assistance

For qualified residential limited-income customers



### The Electric Rate Assistance Program (ERAP)

The Electric Rate Assistance Program (ERAP), offered by Roseville Electric, provides a 15 percent discount to the standard residential rate for qualified residential customers.

### The Medical Rate Assistance Program, (MedRate)

The Medical Rate Assistance Program, (MedRate), offered by Roseville Electric, is offered to customers whose income is no greater than specified by HUD as “low income” for Placer County and who use a qualifying medical device. The Program discount is 50 percent of the standard residential rate for the first 500 kWh of usage per billing period and 15 percent of the standard residential rate for usage in excess of 500 kWh. A separate medical equipment notification supplemental application must be completed. Applications are available by calling 79-POWER (797-6937) or (916) 774-5300.

## Who is Eligible?

Applicants must have service in their name to apply. In addition to the income guidelines, you must meet the following requirements:

- For the Electric Rate Assistance Program, you must be receiving residential electric service at the residence for which the discount applies.

- For the Medical Rate Reduction, you must be receiving residential electric service and use a qualifying medical device at the residence for which the discount applies.

Note: Not all customers will be eligible for all programs. Your eligibility for each program will be determined by the information listed on your application. No household may participate in more than one City electric rate reduction program.

Your household's total gross income\* is no greater than that shown on the chart below:

NUMBER OF PERSONS IN YOUR HOUSEHOLD	ANNUAL GROSS HOUSEHOLD VERY LOW INCOME*	ANNUAL GROSS INCOME FOR MED RATE APPLICANTS ONLY
1	\$25,600	\$40,950
2	\$29,250	\$46,800
3	\$32,900	\$52,650
4	\$36,550	\$58,500
5	\$39,500	\$63,200
6	\$42,400	\$67,900
7	\$45,350	\$72,550
8	\$48,250	\$77,250

\*Income guidelines are subject to change annually as issued by the United States Department of Housing and Urban Development (HUD) for Placer County. Total Gross income includes, but is not limited to, the sum of all wages including: Social Security, welfare, retirement payments, disability payments, interest, self-employment and dividend income for all residents living in the household, excluding dependent minors under the age of 18.

## How to Apply

1. Complete the City of Roseville URAP application listing yourself and all tenants that reside within the home.

2. Complete a 4506-T Request for Transcript of Tax Return for every one in your household who is 18 years of age or older, even if you did not file a return.

Check box (6-a) for a Return Transcript, or Check box (7) for a Verification of non filing, which is proof that you did not file a tax return for the previous calendar year.

(If you need additional forms contact the IRS at 1-800-TAX-FORM (1-800-829-3676) or online at [www.irs.gov](http://www.irs.gov) and enter 4506-T into the search box.

3. Include copies of any additional income as noted under "Income Guidelines" beneath eligibility chart on previous section.

4. If you are applying for the Medical Rate Discount, attach a Medical Equipment Notification application which has been completed and signed by a licensed Physician or Osteopathic Physician.

5. Mail all required documentation to:

City of Roseville  
Finance Department  
311 Vernon St.  
Roseville, CA 95678

### Documents submitted to the City will not be returned.

*It is the responsibility of the applicant to notify the City of increases in household income which may cause the applicant to exceed the very low income level and thus result in the household no longer being eligible for the utility discount(s). Program participants may be required to recertify household income or other qualifying criteria annually to continue to receive applicable utility discounts.*

*Please allow up to 60 days for processing of applications. Processing will be delayed beyond 60 days if application is incomplete or inaccurate. Utility Bill accounts will begin after eligibility is verified and are not retroactive.*

*A change of residence terminates the special rates; however, a new application may be submitted. If requirements are met, the utility discounts may be received at the new address*

*Please call (916) 774-5300 or (916) 79-POWER (797-6937) or visit [www.Roseville.ca.us/finance](http://www.Roseville.ca.us/finance) or [www.Roseville.ca.us/electric](http://www.Roseville.ca.us/electric) with questions or for more information.*

# Application for Utility Rate Assistance Program

### Instructions

- Please print all information legibly
- Do NOT enclose this application with your bill payment—it will delay processing
- Provide all information required
- Mail completed application; only one application per utility customer will be accepted.

APPLICANT NAME (AS IT APPEARS ON UTILITY BILL — LAST NAME, FIRST NAME, MIDDLE INITIAL) ACCOUNT NUMBER

HOME ADDRESS ZIP PHONE NUMBER

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) ZIP

### LIST ALL PERSONS LIVING IN YOUR HOME: (ATTACH CURRENT TAX RETURN TRANSCRIPT FOR EACH ADULT HOUSEHOLD MEMBER LISTED (IRS FORM #4506-T)

NAME	SOCIAL SECURITY NUMBER	AGE	RELATION TO APPLICANT
	XXX - XX -		(SELF)
NAME	SOCIAL SECURITY NUMBER	AGE	RELATION TO APPLICANT
	XXX - XX -		
NAME	SOCIAL SECURITY NUMBER	AGE	RELATION TO APPLICANT
	XXX - XX -		
NAME	SOCIAL SECURITY NUMBER	AGE	RELATION TO APPLICANT
	XXX - XX -		
NAME	SOCIAL SECURITY NUMBER	AGE	RELATION TO APPLICANT
	XXX - XX -		
NAME	SOCIAL SECURITY NUMBER	AGE	RELATION TO APPLICANT
	XXX - XX -		

I understand that the information provided on this application will be used to verify and determine eligibility for the various utility rate discount programs. I hereby authorize the City of Roseville to verify the information provided on this application with any source and to share the information contained on this application with the City's Finance and Electric Departments. I also understand it is my obligation and responsibility to report increases to my household income and if my household income exceeds the income level, my program participation will be terminated. **I understand I may be required to verify my income and program eligibility annually.**

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

APPLICANT SIGNATURE

DATE

### FOR CITY USE ONLY

ACCT NO.	NOTES
VER HSLD SIZE	ERAP
INCOME	MED RATE
INCOME LIMIT	SR RATE EU
STATUS	TEXT FIELD RSAP
DATE	

**MAIL COMPLETED APPLICATION AND CURRENT TAX TRANSCRIPTS TO:**  
City of Roseville  
Finance Department  
311 Vernon Street  
Roseville, CA 95678

Call: (916) 774-5300 or (916) 79-POWER (797-6937) for more information or visit us at [www.Roseville.ca.us/electric](http://www.Roseville.ca.us/electric) or [www.Roseville.ca.us/finance](http://www.Roseville.ca.us/finance)