

2019 APPLICATION FOR ELECTRIC RATE ASSISTANCE



1. Primary Account Holder/Customer on Account

Last Name _____ First Name _____
 Home Address _____ Phone Number _____
 City _____ State _____ Zip _____
 Mailing Address if different than above _____
 Roseville Electric Utility Account Number _____ XXX-XX-_____
 Last 4 digits of your SSN _____

2. 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
_____	XXX-XX-_____	_____

3. Income Documentation

Please attach copies of **all** income documentation for **everyone** living in your home 18 years and older. Documents sent to the City will NOT be returned. **Please allow up to 60 days for processing. The new electric utility rate will be reflected on bills after eligibility is verified and will not be applied retroactively.**

4. 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 and responsibility to report any increases to my household income and should my household income exceed the income qualification level, my participation will be canceled. I understand this is a two (2) 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.

X _____ Date _____

How to Apply

1. Complete Primary Account Holder/Customer on Account with name and address as it appears on the Roseville Electric Utility account.
2. List ALL household members living in the home including age. Please list the last 4 digits of the social security number for each household member.
3. **Provide Income Documentation:** Provide one (1) of the following for EACH household member 18 years and older. **Please DO NOT send W2s, check stubs or financial statements as proof of income.**

What type of income documents are accepted?

- Current Federal Tax Return (Pages 1 & 2 with signatures) or Tax Transcript which can be obtained by calling the IRS @ 1-800-829-1040.
- SSI benefits letter AND an Affidavit of Non-Filing Form on page 2 of this application (if you do not file taxes).
- Unemployment Benefits letter, accompanied by current Federal Tax Return OR Affidavit of Non-Filing form.

What if I have not filed taxes?

You must obtain a Verification of Non-Filing of Tax returns from the IRS @ 1-800-829-1040.

4. Sign, date and mail all required documents to:
City of Roseville - Finance Department
311 Vernon St., Roseville, CA 95678
(Do not include this application with bill payment)

Who is eligible?

You must be a current Roseville Electric customer and have a combined household income no greater than specified in this chart based on the number of household members.

*Annual gross income as identified by HUD for Placer County.

Household members	Annual Gross Income*
1	\$29,300
2	\$33,450
3	\$37,650
4	\$41,800
5	\$45,150
6	\$48,500
7	\$51,850
8	\$55,200

For assistance, call the City of Roseville Finance Department at (916) 774-5300 or visit www.roseville.ca.us/Finance

IRS Forms are available online at: www.irs.gov/Forms-&-Pubs

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STOP! Were you required to file a Federal Income Tax Return for the current tax year?

Yes, I was. (Do NOT proceed. Please include a copy of your Federal Tax Return pages 1 & 2.)

No, I was not. (Please fill out the form below and submit it with a copy of your Social Security or Unemployment Benefits letter).

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 20__** 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 Electric 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. Executed on the date shown below.

Name of Applicant (Please Print)

Name of Applicant (Please Print)

Signature of Applicant

Signature of Applicant