



Utility Rate Relief Program

City of Rapid City Public Works • 300 Sixth Street, Rapid City, SD 57701 • (605) 394-4165

PLEASE PRINT CLEARLY!

APPLICANT INFORMATION

Applicant's name

(Customer who is to receive rate relief)

Last name or company name

First name (if applicable)

Property address

Street address, apartment no., PO Box

City

State

Zip Code

Mailing address

(If different from property)

Street address, apartment no., PO Box

City

State

Zip Code

Telephone number

Email Address

City Account No.

Application: Renewal or New (Circle One)

HOUSEHOLD INFORMATION

List all others living in the household. If you are applying as part of a multiple member household, you must include their income as well as your own. Please list other members of the household below.

Last Name	First Name & Middle	Age	Relationship	Social Security No.	Income \$

ELIGIBILITY

See Back Side of Form for List of Required Documentation to Accompany this Application

- A. Were you 65 on or before January 1, 2008 or currently disabled? YES NO
Proof of disability is required each year. Year became disabled _____
- B. Is your utility account in your name? YES NO
- C. Do you live alone and have a yearly income under \$22,573.68? OR YES NO
Do you live in a household whose members' combined income is under \$28,217.10 YES NO
- D. Do you rent or lease the home where you live? YES NO
- E. What is your monthly rent or lease payment \$ _____
- F. If you own your home, what is the fair market value of your property? \$ _____
- G. Did you previously qualify in the immediately preceding year and remained domiciled in that same residence, but do not qualify now? YES NO

Applicant's signature

Preparer's signature

Date

Preparer's address

Preparer's telephone number

Reminder – Application MUST be made on an annual basis on or before April 1st

DOCUMENTS THAT MUST BE PROVIDED WITH THIS APPLICATION

- Age Verification – You must provide a copy of a valid driver’s license or certified birth certificate.
- Disability Verification – You must provide a copy of documentation reflecting that you are receiving disability payments.
- Income Verification – You must provide a copy of the most recent filed tax return for **each** person listed in the “Household Information” section.
- Housing Verification – If you rent your home, you must provide a copy of the current **signed** lease agreement.

If you own your home, you must provide a copy of your most recent tax assessment.

TO BE COMPLETED BY CITY OF RAPID CITY

Applicant’s Name _____

Parcel number of property for which utility rate relief program is to apply _____

Is the above described property a single family dwelling, condominium, apartment, multiplex or manufactured home? _____

Is the current full and true value less than \$154,950 _____

Rent or Lease _____, Single or Multifamily _____

Date Application Received _____

Date Application Approved _____

Date Application Denied _____

Reason for Denial _____

Date Notification Letter Sent to Applicant _____

Date Approval Information Sent to Utility Billing _____

Actual Effective Date for Utility Relief _____