



Utility Rate Relief Program New Application

City of Rapid City Public Works • 300 6th 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

First name

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

Account Number

HOUSEHOLD INFORMATION

How many people lived at this address? _____ Please list additional residents below:

Last Name	First Name & Middle Initial	Age	Relationship

ELIGIBILITY

- A. Applicant is 65 or older, or disabled as defined by Social Security Act? **YES NO**
- B. The property address is your primary residence? **YES NO**
- C. The applicant is responsible for payment of utility service charges? **YES NO**
- D. Please indicate below which sources of income are received by members of your household:

Y N

Amount Received

Y	N		Amount Received
		Salary/Wages/Tips	
		Business Income, Including Rental Income	
		IRA Withdrawals	
		Pensions/Annuities/Veteran Benefits	
		Social Security	
		Other (Please Explain)	

See Back Side of Form for List of Required Documentation that must accompany this application

The information in this application has been reviewed by me and, to the best of my knowledge and belief, is true, accurate, and complete.

Applicant's signature

Date

Preparer's Name and signature, if other than applicant

Reminder – Renewal Applications MUST be made on or before April 30th of each odd numbered year

DOCUMENTS THAT MUST BE PROVIDED WITH THIS APPLICATION

- Identification – Valid picture identification or birth certificate for all persons who lived in the household
- Disability Verification – If applicable, provide Benefit Verification Letter from a government program such as Social Security and/or Veterans Administration stating specifically that recipient is receiving Disability Funds.
- Income Verification – Evidence of ALL income for EACH household member living with you. Include EVERY income source that was marked “yes” in Question D. Acceptable forms of proof include the most recently filed Tax Return Form 1040 with all attachments, W2s, paycheck stubs, and/or Form 1099 statements.
- Account Verification – If the account is registered in the name of a landlord or property owner, please provide a copy of your rental agreement or lease showing that the applicant is responsible for payment of utility service charges directly to the City.

TO BE COMPLETED BY CITY OF RAPID CITY

Birthdate on Identification: _____

Verification on Disability: _____

Total Household Income from all Sources: _____

Income is within HUD Guidelines? **YES NO**

Date Application Received: _____

Date Application Approved or Denied: _____
(circle one)

Reason for Denial: _____

Effective Date for Utility Relief: _____

