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
________________________________________

City Account No. __________________________

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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name &amp; Middle</th>
<th>Age</th>
<th>Relationship</th>
<th>Social Security No.</th>
<th>Income $</th>
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ELIGIBILITY

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

A. Are you 65 or older, or currently disabled as defined by the Social Security Act?    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 $27,423.54? OR    YES [ ]    NO [ ]

   Do you live in a household whose members’ combined income is under $34,279.42?

   YES [ ]    NO [ ]

D. Do you rent or lease the home where you live?    YES [ ]    NO [ ]

E. If you rent or lease your home, is the rent less than $900.00 per month for a single person or less than $1,200.00 for a multiple income household?

   YES [ ]    NO [ ]

F. If you own your home, is the fair market value of your property less than $188,240.34 ?    YES [ ]    NO [ ]

Applicant’s signature __________________________

Preparer’s signature __________________________ Date __________________________

Preparer’s address __________________________________________

Preparer’s telephone number __________________________

Reminder – Renewal Applications MUST be made on or before April 1st of each even numbered year
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 from the Social Security Administration 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. If you do not file a tax return, you must provide a copy of your award letter or Form SSA-1099 Social Security Benefit Statement from the Social Security Administration.

☐ 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

Birthdate on Driver’s License: __________________________

Verification on Disability: ______________________________

Rent or Lease Amount: ____________ or Market Value of Home: ___________________

Copy of Lease: _________________

Date Application Received: ______________________________

Date Application Approved or Denied: ______________________________

(circle one)

Reason for Denial: _______________________________________________________________

Date Notification Letter Sent to Applicant: ____________________________

Actual Effective Date for Utility Relief: ____________________________