



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.

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. 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 YES ☐ NO ☐
for a single person or less than \$1,200.00 for a multiple income household?
- 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: _____