


**Seattle
City Light**
Application for the Seattle City Light Energy Equity Rate Pilot Participation (03/18/2020)
Applicant Information

*Primary Applicant:	<div style="display: flex; justify-content: space-between;"> (Last Name) (First Name) (Middle Initial) </div>		
*Residence Address:		*SCL Account #:	
*City, State, ZIP:		*Phone Number:	
Mailing Address: (If Different)		*Best Time to Call:	
City, State, ZIP:		*Race/Ethnicity:	

Household Information

Household members include everyone living in the home, regardless of age, whether or not they pay rent, and their relationship to applicant. Examples: roommates, relatives, children, friends, extended family members, etc.

*Name (Last, First)	*Date of Birth	Sex	*Relationship to Applicant
			Applicant

***Total Number in household:** _____. If more than 5, list other household members on a separate page.

Housing Information

*Housing Type: <input type="checkbox"/> Single Family Home <input type="checkbox"/> 2, 3 or 4 Unit Home <input type="checkbox"/> Apt. Building (5+ units) <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home			
*Housing Status <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental		*Home Visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Time (if yes): <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend
*Owner Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicant is renting)	*Landlord Contact Info: _____		*Enrolled in UDP: <input type="checkbox"/> Yes <input type="checkbox"/> No
Internal Use Only			
*Annual Household Income: \$ _____ From _____ to _____ <div style="display: flex; justify-content: space-around;"> (MM/YY) (MM/YY) </div>			
*Energy Consumption: \$ _____ From _____ to _____ <div style="display: flex; justify-content: space-around;"> (past 12 months) (MM/YY) (MM/YY) </div>			
*Calculated Energy Burden: (_____) + (_____ *0.4) / (_____) = _____ <div style="display: flex; justify-content: space-between;"> Bill Amount (UDP) Bill Amount (No UDP) Annual Income Energy Burden </div>			

Balance Management

Current Arrearage: \$ _____	*Monthly Amount You Can Afford to Pay \$ _____ (above billed amount)
-----------------------------	--

*** Indicates Required Field**

(Evaluation Baseline Questions – Working Section Title)

1. On a scale from 1-7, where 1 means “not good at all” and 7 means “excellent” how would you rate

[COMFORT]

- A. The overall comfort of your home (circle one answer):

1 2 3 4 5 6 7

- B. Your ability to keep your home warm enough when it’s cold outside.

1 2 3 4 5 6 7

- C. Your ability to keep your home cool enough when it’s hot outside.

1 2 3 4 5 6 7

- D. The noise level inside your home.

1 2 3 4 5 6 7

[HEALTH]

- E. The overall health and well-being of all household members over the past several months.

1 2 3 4 5 6 7

- F. The indoor air quality of your home.

1 2 3 4 5 6 7

[FINANCIAL]

- G. Your ability to pay your electric bills.

1 2 3 4 5 6 7

2. If employed, about how many sick days did you take in the last 12 months: _____ ☐ NA/Prefer Not to Answer

Acknowledgment & Disclosures

I am aware that my information is subject to review and verification and that other documentation may be required. I am aware that this application may be used to enroll customers in the Energy Equity Rate Pilot. Program eligibility is based upon meeting program enrollment criteria, meeting annual income criteria, and based on the date the completed application is received by the City. Applications are processed in the order they are received. Submitting this application does not guarantee eligibility or enrollment in any programs. Benefits and length of stay on the program may change at any time.

I certify that the information I have provided is accurate and complete and that I may be subject to criminal prosecution if I have knowingly given false or misleading information. I agree to provide updated proof of eligibility at any time, if requested. I understand that if I am found to be in violation of program rules and receive assistance and have not truly disclosed all information, I will be removed from the program(s) and the City may recover the actual cost(s) for the periods I was not eligible. **I will notify the City of Seattle if my income or living situation changes.**

Personal information entered on this form is subject to Washington Public Records Act, and may be subject to disclosure to a third-party requester. At the City of Seattle, we are committed to protecting your privacy and will ensure that any disclosures are done according to law. To learn more about how this information is managed please see our privacy webpage: <http://www.seattle.gov/tech/initiatives/privacy>
Checking this box allows Seattle City Light to share my information with other City of Seattle programs for future enrollment and will be reserved specifically for enrollment into these programs. ☐

***Primary Name on SCL Bill (PRINT):**

***Signature:**

***Date:**

Internal Use Only

Rate Eligible: ☐ Y ☐ N if no, eligible for BMA? ☐ Y ☐ N

Date of Most Recent Building Weatherization: ____/____/____

Date of Most Recent Direct Install: ____/____/____

Eligibility: ☐ Direct Install ☐ Home-Wise

Owner Contacted: ☐ Yes Date: ____/____/____ ☐ N/A

Translation Needed? Language: _____

Bi-Monthly Payment Agreed To: \$_____

Length of BMA: _____ **Amount Forgiven:** \$_____

Date of UDP Re-Certification: ____/____/____

Customer Contacted for UDP: ☐ Y Date: ____/____/____ ☐ N/A

Other Eligibility: ELIA ☐ Y ☐ N **Project SHARE** ☐ Y ☐ N