



State of Utah
Department of Workforce Services
**H.E.L.P. APPLICATION FORM
FOR ROCKY MOUNTAIN POWER**

HELP (Home Electric Lifeline Program) assists Rocky Mountain Power low-income customers by providing a monthly discount on your electric bill. To qualify for this program, your household income must be at or below 150% of the federal poverty level. Please submit this completed application form with the required documents for verification.

Applicant Name: _____ Rocky Mtn. Power #: _____
Mailing / Billing Address: _____
City: _____ State / Zip Code: _____
Social Security #: _____ Number of People in Household: _____
Phone: _____

Check <input checked="" type="checkbox"/> ALL sources of income that you or <u>anyone</u> in your household received in the month prior to this application. Verification documents must be submitted with your completed application.		
Type or Source of Income Received	Type of verification documents needed.	Monthly Amount
<input type="checkbox"/> Employment Income (Gross per month)	Check stubs, or a statement from your employer	\$
<input type="checkbox"/> Social Security Income (SSA, SSD or SSI)	Award Letter or bank deposit	\$
<input type="checkbox"/> Self-Employment Income	Tax return form	
<input type="checkbox"/> Unemployment /Workman's Compensation	Print out or check stubs	\$
<input type="checkbox"/> Pension/Retirement	Monthly statement	\$
<input type="checkbox"/> Veteran's Benefits	Benefit Letter	\$
<input type="checkbox"/> Child Support/Alimony	Copy of divorce decree or ORS printout	\$
<input type="checkbox"/> TANF (FEP) or General Assistance	DWS Printout	\$
<input type="checkbox"/> No Income or "Other" Income (Please explain)	Written statements	\$
TOTAL ALL SOURCES OF INCOME ABOVE:		\$

By signing this application, I declare that the information I have given is true and correct to the best of my knowledge and belief. I hereby authorize the HELP officials to make inquiry of persons, companies, financial institutions or other State and Federal agencies to assist in the process of my application. I will notify HELP if I become ineligible for the program. I understand that giving false information or failing to notify HELP when I no longer qualify may cause me to pay the difference between the discounted and regular rate. **I understand that I must recertify annually.**

Signature Date

DID YOU REMEMBER TO:

- Attach a copy of your most recent Rocky Mountain Power bill?
- Attach verification of any and ALL income received in the household for the month prior to this application?
- Sign and date the form above?

Applications submitted without the above attachments will be denied.

Mail completed application form and verification documents to:

Utah Community Action--HELP, 764 South 200 West, Salt Lake City, UT 84101
For information in Salt Lake area call 801-521-6107 or toll-free statewide at 1-844-214-3090

OFFICE USE ONLY: APPROVED: _____ DENIED / REASON: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.