

# 2022 Electric Rate Assistance Program



The Electric Rate Assistance Program provides a 15% discount on electric service each month for those who qualify.

## How to apply

1. Complete Primary Account Holder/Customer on Account with name and address as it appears on the Roseville Electric Utility account.
2. List ALL household members living in the home including age. Please list the last 4 digits of the social security number for each household member.
3. **Provide Income Documentation:**  
Provide one (1) for EACH household member 18 years and older.  
**Please DO NOT send W2s, check stubs or financial statements as proof of income.**
4. Sign and submit your documentation:  
City of Roseville - Utility Billing  
116 South Grant Street, Ste 100 Roseville, CA 95678  
(Do not include this application with bill payment)

**What type of income documents are accepted? (Choose one)**

Unemployment Benefits letter, accompanied by current Federal Tax Return OR [Affidavit of non-filing form](#).

Current Federal Tax Return (pages 1 & 2 with signatures) OR tax transcript which can be obtained by calling the IRS @ 1-800-829-1040.

SSI benefits letter AND an Affidavit of non-filing form if you do not file taxes.

**Who is eligible?**  
You must be a current Roseville Electric customer and have a combined household income no greater than specified in this chart based on the number of household members.

Household /family size	*200% FPL
n/a	n/a
1-2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

\*Annual gross income as a percentage of the Federal Poverty Level (FPL) as identified by the Department of Health and Human Services (HHS).

## 1. Primary Account Holder/Customer on Account

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mailing Address if different than above

\_\_\_\_\_  
Roseville Electric Utility Account Number

\_\_\_\_\_  
XXX-XX-\_\_\_\_\_  
Last 4 digits of your SSN

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## 2. Household Members

List all persons living in the home including children under the age of 18. Provide the last 4 digits of the social security number for everyone in the household.

Name	Last 4 of SSN #	Age
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____
_____	XXX-XX-_____	_____

## 3. Income Documentation

Please attach copies of all income documentation for everyone living in your home 18 years and older. Documents sent to the City will NOT be returned. **Please allow up to 60 days for processing. The new electric utility rate will be reflected on bills after eligibility is verified and will not be applied retroactively.**

## 4. Declaration and Signature

I understand that the information provided on this application will be used to verify and determine eligibility for the utility rate assistance program. I hereby authorize the City of Roseville to verify the information provided on this application. I also understand it is my obligation and responsibility to report any increases to my household income and should my household income exceed the income qualification level, my participation will be canceled. I understand this is a two (2) year program and will be required to re-apply to continue receiving the discount.

By signing below, I declare under penalty of perjury that the information contained on this application is true and correct.

X \_\_\_\_\_ Date \_\_\_\_\_

For assistance, call the City of Roseville Electric Department at (916) 774-5300 or visit [www.roseville.ca.us/UtilityBilling](http://www.roseville.ca.us/UtilityBilling)

IRS Forms are available online at: [www.irs.gov/Forms-&Pubs](http://www.irs.gov/Forms-&Pubs)

# Affidavit of non-filing of tax returns



\_\_\_\_\_ and/or \_\_\_\_\_ do hereby certify, represent and warrant that I was not required to file federal income tax returns for the calendar year 20\_\_\_\_ in accordance with Section 6012 of the Internal Revenue Code for the following reason(s):

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A full and complete explanation is required when making the above statement of non-filing for the tax year as indicated above. Failure to provide the necessary information may result in suspension or termination of your participation in the Electric Rate Assistance Program, the Medical Rate Assistance Program, or the Electric Relief Program.

I declare under penalty of perjury that the foregoing is true and correct. Applicant shall provide proof of non-filing upon reasonable request by the City of Roseville.

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Service address

\_\_\_\_\_  
Utility account number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date