



GUIDELINES FOR Bellevue Utility Neighbors Helping Neighbors Program

450 110th Ave NE, Bellevue, WA 98004

Mailing: PO Box 90012, Bellevue, WA 98009-9012

Phone: 425-452-5285 | Email: UtilityRelief@bellevuewa.gov | Web: BellevueWA.gov/UtilityRelief

Language line assistance provided upon request. TTY Relay: 711

PROGRAM DESCRIPTION

The City of Bellevue offers temporary utilities service charge relief to residents living within the service area of Bellevue Utilities and pay their water utility bills directly to the City of Bellevue. Residents must meet specific low-income guidelines, are not currently served by the Utility Rate Relief Program, and have a delinquent account. Residents may receive 100% reduction on the basic utility bill (benefit not to exceed \$352.00) for up to 2 months of utility service charges by qualifying for this program. Some charges, such as capital recovery charges (CRCs), may not be waived. Residents may only receive this assistance **once** every year.

NOTE: Programs are based on available funding and subject to change without notice.

ELIGIBILITY CRITERIA

Applicants must be:

- Low-income, meeting the household income* guideline below; AND

Household Size in 2024	Monthly Household Income*
1 person	\$3,996
2 persons	\$4,567
3 persons	\$5,138
4 persons	\$5,708
5 persons	\$6,167
6 persons	\$6,625

- Living at the address receiving services in 2024 and be named on the City of Bellevue Utilities account; AND
- Not currently enrolled in the Utility Rate Relief Program authorized under BCC 24.10.020.
- Have a delinquent account.

* Income means “disposable income,” as defined in RCW 84.36.383, plus all disability compensation and any and all gifts. Total household income is the total income for everyone living in the household during 2024. Examples of income and required documentation are described in the “How to Apply” section that follows.

HOW TO APPLY

You must fill out and return a 2024 Utility Neighbors Helping Neighbors Application with required identification, residency, and income documentation. Applications are available online at Utility Rate and Tax Relief | City of Bellevue (bellevuewa.gov) or by calling Bellevue Utilities at 425-452-5285 to request an application. Once you have the application package, the next steps are:

1. Collect the necessary documents from the required document list.
2. Complete the application. Read the “Important Information” statement, sign, and date the application. NOTE: If you are signing on behalf of an applicant, you must provide a copy of the Power of Attorney authorizing you to do so.
3. Submit the completed and signed application with copies of all required documentation. There are two ways to submit the materials for this program:
 - By Mail – You may submit your application by mail. Please sign and date the application and include copies of all required documentation when returning your paperwork. Incomplete application forms or missing documentation will delay the processing of your application. The mailing address for the program is:

City of Bellevue Utilities
Attn: Utility Rate Relief Program
P.O. Box 90012
Bellevue, WA 98009-9012
 - Electronically – You may submit your application electronically by emailing UtilityRelief@bellevuewa.gov and requesting access to a secure folder where you may upload your scanned documents. Please do not email your documents.
4. In-person assistance – Please call us at (425)-452-5285 to schedule an appointment. Submitting an application does not guarantee eligibility. Applications without complete documentation cannot be processed.

REQUIRED DOCUMENTS

Photocopies of the following must be provided with your signed application form:

- A. Proof of Income for each Member of Household for the last 30 days.** Please provide photocopies of statements/documentation* for EVERY person living with you in 2024 and for ALL income sources that apply to your household during the last 30 days. Some examples of household income include, but are not limited to:
- Salary/Wages/Tips, etc. (pay stubs)
 - Interest/Dividends (statements)

- Alimony/Spousal Maintenance (State/DSHS stmts.)
- Business Income, include rental property income and/or rental pymts. co-tenant (evidence of pymts received)
- Capital Gains
- IRA withdrawal (statements)
- Pension/Veteran's/Annuities (statements)
- Railroad Retirement Benefits (statements)
- Unemployment/Labor and Industries (statements)
- Social Security Statement (SSA, SSI, SSDI)
- Gifts/Cash
- Work Study Earnings
- Military pay/benefits
- Other

* If unable to provide income documentation from the original source, provide bank stmts. to evidence deposits for the same.

B. Identification for All 2024 Household Members Is Required. Valid photo identification is required for each person living in your household in 2024. Acceptable forms of ID include: Driver's License, WA State ID card, Passport, or other government-issued photo ID. For household members under the age of 18, submit a copy of their certified birth certificate. Please **DO NOT SEND ORIGINALS** as we cannot return or guarantee their safety. NOTE: Expired ID will not be accepted.

FOLLOWING APPLICATION SUBMITTAL

Please note the following:

- Providing a complete application with all required documentation helps expedite processing.
- If your application is denied, you will be notified.
- Qualified applicants will be notified once the application has been approved and processed.

The Utilities Department reserves the right to audit or request additional information related to any application or renewal to ensure eligibility and compliance with the program's requirements. The department may deny any application or renewal which contains any false or misleading representation of fact or may revoke eligibility for rate relief which was procured by fraud or by any false or misleading representation of fact. Any funds reimbursed or the difference in rates discounted as a result of fraud or false or misleading representation of fact by the applicant shall be returned to the City. The City may use any lawful means necessary to seek repayment of said funds.

TL-24-10035b

For alternate formats, interpreters, or reasonable modification requests please phone at least 48 hours in advance 425-452-5285 (voice) or email UtilityRelief@bellevuewa.gov. For complaints regarding modifications, contact the City of Bellevue ADA, Title VI, and Equal Opportunity Officer at ADATitleVI@bellevuewa.gov.



Bellevue Utility Neighbors Helping Neighbors Program

OFFICE USE:

Date Received: _____

Date Complete: _____

Status: _____

Initial: _____

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OFFICE USE ONLY

NHN: _____

Batch: _____

Check:

☐ Incl List

☐ Signature

☐ Income

☐ Residency

To qualify for the Neighbors Helping Neighbors program, you must be the person who pays for water service from the City of Bellevue.

1. Do you pay a utility bill for water to the City of Bellevue? ☐ Yes ☐ No

▶ If Yes, account # _____

▶ If No, **STOP**. You do not qualify for this program.

2. Applicant's Legal Name (print): _____
FIRST NAME LAST NAME

3. Birthdate: _____

4. Complete address for your Primary Residence:

STREET ADDRESS

CITY

STATE

ZIP CODE

5. Current mailing address (if different):

STREET ADDRESS

CITY

STATE

ZIP CODE

6. Phone (with area code): _____ Email address: _____

▶ Phone Type: ☐ Mobile ☐ Home ☐ Work

▶ Carrier: ☐ AT&T ☐ T-Mobile ☐ Sprint ☐ Verizon ☐ Virgin Mobile

7. Do you: ☐ Own home ☐ Rent home
8. Have you qualified for this program before? ☐ Yes – Year: _____ ☐ No
9. How many people lived with you in your household? _____

Print the names of each person below:

	First Name (Legal Names Only)	Last Name	Date of Birth (mm/dd/yy)	Relationship to Applicant
A.				
B.				
C.				
D.				
E.				
F.				

10. Did you or anyone living in your household have income from any of the sources below during the past 30 days? You MUST check the 'Yes' or 'No' box for each item below and provide documentation* to verify the same.

Y N

Y N

<input type="checkbox"/>	<input type="checkbox"/>	Salary/Wages/Tips, etc. (paystubs)	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment / Labor and Industries (statements)
<input type="checkbox"/>	<input type="checkbox"/>	Interest & Dividends (statements)	<input type="checkbox"/>	<input type="checkbox"/>	Social Security (statements)
<input type="checkbox"/>	<input type="checkbox"/>	Alimony/Spousal Maintenance (State/DSHS Stmts.)	<input type="checkbox"/>	<input type="checkbox"/>	Work Study Earnings (statements)
<input type="checkbox"/>	<input type="checkbox"/>	Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	Gifts/Cash – Explain:
<input type="checkbox"/>	<input type="checkbox"/>	Business Income, include rental income and/or rental payments from co-tenant	<input type="checkbox"/>	<input type="checkbox"/>	Military pay/benefits
<input type="checkbox"/>	<input type="checkbox"/>	IRA withdrawal (statements)	<input type="checkbox"/>	<input type="checkbox"/>	Railroad Retirement Benefits (statements)
<input type="checkbox"/>	<input type="checkbox"/>	IRA withdrawal (statements)	<input type="checkbox"/>	<input type="checkbox"/>	Other income:

* If unable to provide income documentation from an original source, provide bank statements reflecting all deposits for the above.

11. Check the documents you have included with your completed application:

☐ Proof of Income Documentation marked as YES under Question #10

☐ Copy of valid photo Identification or birth certificates for individuals under 18 for all 2024 household members listed under Question #9.

12. Do you prefer to receive future notices, applications, or renewal forms in a language other than English? ☐ Yes ☐ No

▶ If yes, please select your preferred language:

☐ Spanish ☐ Chinese Traditional ☐ Japanese ☐ Korean ☐ Vietnamese

☐ Russian ☐ Hindi ☐ Other (please specify) _____

IMPORTANT INFORMATION – PLEASE READ BEFORE SIGNING

I, the undersigned, under penalty of perjury of the laws of the state of Washington do hereby declare and certify:

- That I have read and understood all of the 2024 Utility Rate Relief Program Guidelines for The Neighbors Helping Neighbors Donation Program (01/01/2024) provided with this application, and that all of the information provided by me on this application is accurate, complete, and true to the best of my knowledge.
- That I understand that submitting the required documentation does not guarantee eligibility to the program. Such information will, however, be used to determine if I qualify for benefits under the program.
- That I understand that the income documents I provided will be used by the City to create an income worksheet that will be used to determine income qualification.
- That I have read the definition of “disposable income” for the program and to the best of my knowledge, I and my household are eligible for the program.
- That I have provided a true and accurate list of “disposable income” to the City for the last 30 days.
- That I understand the 100% rate reduction on basic utility service charges is for two (2) months only and that I am eligible for this program once every year.
- That I understand that any attempt to falsify my information will result in my disqualification from the program for this year and may subject me to repayment of benefits received and to civil or criminal penalties.
- That I understand the City reserves the right to audit my records to determine my eligibility for the program.
- That I understand that if I receive utility relief and do not disclose all sources of disposable income for household members during the last 30 days, the City may recover the actual cost of my utility bills for the period that I was not eligible.

APPLICANT SIGNATURE*

DATE

**If signing for an applicant, MUST provide a copy of the Power of Attorney authorizing you to do so.*

UTL-24-10035

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