



BELLEVUE UTILITY EMERGENCY ASSISTANCE PROGRAM - 2025

450 110TH Ave NE

P.O. Box 90012, Bellevue, WA 98009-9012

Phone: 425-452-5285

Language line assistance provided upon request. TTY Relay: 711

Web: bellevuewa.gov/UtilityRelief

Email: UtilityRelief@bellevuewa.gov

GUIDELINES FOR EMERGENCY ASSISTANCE PROGRAM

NOTE: These guidelines only apply to residents currently paying a utility bill directly to the City of Bellevue for water, wastewater and drainage services. If you are indirectly billed for your utility services (e.g., the costs are included in your rent or paid to a third party), you are not eligible for this program.

PROGRAM DESCRIPTION

The City of Bellevue offers temporary utilities service charge relief to residents living within the service area of Bellevue Utilities that meet specific low-income guidelines, are not currently served by the Utility Rate Relief Program, and who are experiencing financial crises. Residents that pay their bills directly to the City of Bellevue may qualify for a 100% discount on a basic level of service (benefit not to exceed \$352.00 per bill) for up to 2 bills (4 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 three (3) years.

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 2025	Monthly Household Income*
1 person	\$4,392
2 persons	\$5,021
3 persons	\$5,650
4 persons	\$6,279
5 persons	\$6,783
6 persons	\$7,288

- Living at the address receiving services in 2025 and be named on the City of Bellevue Utilities account. Applicant’s primary residence must be within the service area of City of Bellevue Utilities; AND
- Experiencing a “financial shock” which is defined as a recent, unexpected event or expense that threatens financial stability. This expense or event must interfere with the ability of the household to cover necessary basic needs expenses, such as housing, utilities, food, health, and/or other necessary expenses; AND
- Not currently participating in the Utility Rate Relief Program.

* 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 2025. 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 *2025 Utility Emergency Assistance Application* with required identification, evidence of financial shock, residency, and income documentation. Applications are available 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. Turn in 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 apply 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

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 2025 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 2025 Household Members Is Required.** Valid photo identification is required for each person living in your household in 2025. 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.
- C. Proof of "Financial Shock."** Evidence of a job loss or unexpected expense such as medical costs, car repair, etc.

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.

 For alternate formats, interpreters, or reasonable accommodation requests please phone at least 48 hours in advance 425-452-5285 (voice) or email UtilityRelief@bellevuewa.gov. For complaints regarding accommodations, contact City of Bellevue ADA/Title VI Administrator at 425-452-6168 (voice) or email ADATitle@bellevuewa.gov. If you are deaf or hard of hearing dial 711. All meetings are wheelchair accessible.



BELLEVUE UTILITY EMERGENCY ASSISTANCE APPLICATION 2025

450 110TH Ave NE

P.O. Box 90012, Bellevue, WA 98009-9012

Phone: 425-452-5285

Web: bellevuewa.gov/UtilityRelief

Email: UtilityRelief@bellevuewa.gov

Language line assistance provided upon request. TTY Relay: 711

OFFICE:
 Date Rec'd: _____
 Date Complete: _____
 Status: _____
 Initial: _____

OFFICE USE ONLY				
PIN:	INCOME:	EAP		
CIS CYCLE:	TAX PROF: _____ TAX %: _____	BATCH:		
CIS ACCOUNT:		START DATE:		
Check:				
___ Incl List	___ Signature	___ Income	___ ID/Age	___ Residency

1. Applicant's Legal Name (print): _____

LAST NAME

FIRST NAME

2. Birthdate: _____

3. Complete address for your Primary Residence _____

4. Current mailing address (if different): _____

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

6. Do you: Own house/condo Rent house / condo / apartment

7. 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 the Emergency Assistance Program.

8. Have you qualified for this program before? Yes. Year _____ No

9. Please describe the type of financial shock that prevents you from paying your utility bill(s) (Documentation will be required):

10. How many people live with you in your household? _____ Print the names of each person below:

FIRST NAME (Use legal names. No Nicknames.)	LAST NAME	Date of Birth (mm/dd/yy)	Relationship to Applicant
A.			
B.			
C.			
D.			

E.			
F.			

11. 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

<input type="checkbox"/>	<input type="checkbox"/>	Salary/Wages/Tips, etc. (<i>paystubs</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Interest & Dividends (<i>statements</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Alimony/Spousal Maintenance (<i>State/DSHS Stmts.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Capital Gains
<input type="checkbox"/>	<input type="checkbox"/>	Business Income, include rental income and/or rental payments from co-tenant
<input type="checkbox"/>	<input type="checkbox"/>	IRA withdrawal (<i>statements</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Veteran's Benefits/Annuities (<i>statements</i>)

Y N

<input type="checkbox"/>	<input type="checkbox"/>	Unemployment / Labor and Industries (<i>statements</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Social Security (<i>statements</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Work Study Earnings (<i>statements</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Gifts/Cash – Explain:
<input type="checkbox"/>	<input type="checkbox"/>	Military pay/benefits
<input type="checkbox"/>	<input type="checkbox"/>	Railroad Retirement Benefits (<i>statements</i>)
<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.

CHECK LIST: Provide COPIES (no originals) of the following documents with your application.

Applications cannot be processed without required documentation.

- Identification** – Valid picture identification for all persons 18 years and older who live in the household. For those under the age of 18, submit a certified birth certificate. Do not send copies of Social Security cards. **Expired ID will not be accepted.**
- Income Documentation for the last 30 days** (*i.e., pay stubs, statements, etc.*) Evidence of all income for EACH household member living with you during 2025. Includes EVERY income source that was marked “yes” in Question 11.
- Proof of Financial Shock** – Evidence of recent financial hardship must be provided (*i.e.* medical bill, notice of loss of employment, etc.)

How to Apply

1. Collect the required identification, income, and financial shock documents. Applications submitted without complete documentation cannot be processed.
2. Fill out the application, read the “Important Information” statement. Sign and date the application.
3. You may submit your application by:
 - Mail: Return your application by mail to: City of Bellevue Utilities, PO Box 90012, Bellevue, WA 98009-9012.

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 2025 Utility Rate Relief Program Guidelines for Emergency Assistance (01/01/2025) 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 four (4) months only and that I am eligible for this program once every three (3) years.**
- **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.

OR OFFICE USE ONLY

Note:

Office Use Only


Approved/Disapproved: _____ Date: _____

Verified: _____ Date: _____

CIS Update - Initials: _____ Verified: _____

DISC Update - Initial: _____ Verified: _____

Application Denied: Over Income Updated CIS Doesn't Qualify Logged Denied Incomplete Paperwork Other: _____

 For alternate formats, interpreters, or reasonable accommodation requests please phone at least 48 hours in advance 425-452-5285 (voice) or email UtilityRelief@bellevuewa.gov. For complaints regarding accommodations, contact City of Bellevue ADA/Title VI Administrator at 425-452-6168 (voice) or email ADATitle@bellevuewa.gov. If you are deaf or hard of hearing dial 711. All meetings are wheelchair accessible.