



ROCKY MOUNTAIN POWER H.E.L.P. ANNUAL RECERTIFICATION

HELP (Home Electric Lifeline Program) assists Rocky Mountain Power customers whose income falls at or below 150% of the Federal Poverty Level by providing a monthly discount on their electric bill. Please submit this completed form with the required documents for verification.

Full Name: _____ RMP Account #: _____
 Mailing / Billing Address: _____
 City/State/Zip: _____ Phone: _____
 Social Security Number: _____ Number in Household: _____

Source of Income Received in Prior Month	Documents Needed for Verification	Monthly Amount
<i>You are required to report all sources of income received by <u>each adult 18 & older</u> in your household in the month prior to this application. Verification documents must be submitted with your completed re-certification.</i>		
<input type="checkbox"/> Employment Income (Gross per month)	Check stubs or statement from your employer	\$
<input type="checkbox"/> Social Security Income (SSA, SSD, SSI)	Award letter or bank statement	\$
<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 or bank statement	\$
<input type="checkbox"/> Child Support/Alimony	Copy of divorce decree or ORS printout	\$
<input type="checkbox"/> General Assistance	"MyCase" Print-out	\$
<input type="checkbox"/> Other Income or No Income (explain)	Written statements	\$
TOTAL OF 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.

Applicant Signature Date

DID YOU REMEMBER TO:

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

Applications submitted without the above attachments will be DENIED.

Mail completed recertification application by June 30, 2024 to:

Utah Community Action--HELP, 850 West 1700 South #4, Salt Lake City, UT 84101

Fax: 801-214-3212; **Email:** heat@utahca.org

For information in Salt Lake area call 801-359-2444 or toll-free statewide at 1-844-214-3090

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