



# Boulder City Energy Assistance Program APPLICATION

## \* INCOME REQUIREMENTS \*

The total gross monthly income of all household members may not exceed the amounts shown in the chart below.

YOUR HOUSEHOLD'S GROSS MONTHLY INCOME MAY NOT EXCEED:					
Persons in Household	Annual Income	Monthly Income	Persons in Household	Annual Income	Monthly Income
1	\$16,245	\$1,354	5	\$38,685	\$3,224
2	\$21,855	\$1,821	6	\$44,295	\$3,691
3	\$27,465	\$2,289	7	\$49,905	\$4,159
4	\$33,075	\$2,756	8	\$55,515	\$4,626

### What is BCEAP?

A City funded energy assistance program that assists eligible Boulder City residents with their utility bills. Qualified applicants receive a 35% discount on monthly utility bills.

### Who is Eligible?

Boulder City residents who pay a monthly utility bill to the City of Boulder City may be eligible if:

1. You have been a City of Boulder City customer for at least six months.
2. The total annual GROSS household income, from ALL sources is not more than the amount listed above, based on the size of the household.

### How do I Apply?

Applications must be submitted in person and by appointment only. Appointments are available as follows:

Mondays and Wednesdays 7:00 a.m. to 9:30 a.m. and Tuesdays and Thursday 3:00 p.m. to 5:30 p.m.  
At: City Hall – 401 California Ave. – Boulder City, NV – 89005 (Downstairs Room #4)

Call 293-9244 to schedule an appointment.

**NOTICE TO PERSONS WITH DISABILITIES:**  
**IF YOU REQUIRE SPECIAL ASSISTANCE OR ACCOMMODATIONS FOR YOUR APPOINTMENT YOU MUST NOTIFY CITY STAFF AT THE TIME OF MAKING YOUR APPOINTMENT, IN HOME APPOINTMENTS ARE AVAILABLE.**

## REQUIRED PROOF OF INCOME DOCUMENTATION EXAMPLES

**Earned Income:** Need copies of check stubs for at least the **last thirty (30) consecutive days**. If paid weekly – 4 check stubs; paid bi-weekly or semi-monthly – 2 check stubs. A signed and dated statement on letterhead from your employer stating your gross income for the last thirty (30) days and how often you get paid, e.g., weekly, bi-weekly, semi-monthly, is acceptable if you don't have check stubs.

Earned income includes: income from **self-employment, i.e., business, child care, house cleaning, and other odd jobs**. The person you work for must state your pay amount, how often you are paid, and include their name, address and phone number. Business self-employment requires 12-month profit and loss statements.

**Unearned Income:** Unearned income includes **Social Security, SSI, Veterans Benefits, pensions, disability income, military income, unemployment, child support, alimony, interest income, dividends, regular insurance or annuity payments**. Provide copies of the current benefit verification form or award letter from the entity providing the income. The benefit verification should be for the current year showing any cost of living raise.

**Child support/alimony income:** copy of divorce decree/separation/settlement agreement, or dated letter from person paying the support (to include name, address and phone number), or copy of last check/statement from child support enforcement agency. **Interest income/dividends:** bank account statements, certificates of deposit, etc., if it contains details and signed by financial institution; or broker's quarterly statement showing earnings (12 month history is needed).

**Self-Employment Income:** Administration of or income from a non-profit organization is included under self-employment income. Profit and loss statements signed by the applicant detailing gross income and expenses during the last 12 months, copy of sales tax statement showing gross / net proceeds, audited or unaudited financial statements, or a loan application listing income and expenses for the last 12 months are also acceptable verifications.

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Please complete every section and answer each question. The application must be signed. Failure to complete all sections and questions and/or sign the application OR provide the requested documentation noted on the application, will delay processing and your application and may result in your application being denied.

### Applicant/ Household Information

Complete the following for every person living in your home, including yourself. The first person listed on the application should be the applicant (utility customer).

NAME Last, First, Middle	RELATIONSHIP	SEX M OR F	DATE OF BIRTH	AGE	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
	SELF				

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

Mailing Address if different: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

### Housing Information

Renters: Must provide a complete copy or rental/lease agreement. Owners: Must provide copy of mortgage statement.

Housing Type: \_\_\_\_ House \_\_\_\_ Apartment \_\_\_\_ Condo \_\_\_\_ Rent Room \_\_\_\_ Mobile Home

\$\_\_\_\_\_ Monthly Rent    \$\_\_\_\_\_ Monthly Mortgage Payment    \$\_\_\_\_\_ Monthly Space Rent

### Income

1. Earned Income

Name of Person Working	Employer	Date of Hire	Gross Pay Per Check	How Often Paid

2. Other Income

YES	NO	INCOME TYPE	PERSON RECEIVING	GROSS AMOUNT	FREQUENCY
		ALIMONY			
		BOARDERS - ROOMERS			
		CHILD SUPPORT			
		FOSTER CARE			
		INTEREST			
		DIVIDENDS			
		ANNUITIES			
		ROYALTIES			
		LUMP SUM PAYMENTS (SETTLEMENTS)			
		MILITARY INCOME OR ALLOTMENT			
		PENSIONS - RETIREMENTS			
		PROPERTY RENTALS			
		RAILROAD RETIREMENT			
		ROOM RENTAL			
		SOCIAL SECURITY BENEFITS (RSDI)			
		SUPPLEMENTAL SECURITY INCOME (SSI)			
		TRUST INCOME			
		UNEMPLOYMENT			
		VETERANS BENEFITS			
		WORKERS COMPENSATION - DISABILITY TEMPORARY			

**If you do not have any income or if household expenses are more than your household's income, please explain how you are able to meet expenses.**

I hereby authorize any investigation concerning other household members and myself which is necessary to determine eligibility for benefits of the BCEAP. I hereby authorize and consent to the release of any and all information by law or otherwise privileged under NRS 422.290 or any other provision of law or otherwise. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. I acknowledge that a reproduced copy of this authorization legally constitutes an original copy. Any information provided in this form is strictly confidential and is used only to determine eligibility for BCEAP. Any and all information is subject to verification. If you do not cooperate in this verification your benefits may be terminated. If you make false or misleading statements, misrepresent, conceal or withhold facts necessary to determine eligibility or alter any document your benefits may be denied and or terminated. You will be responsible for re-payment to the City of Boulder City of the amount of discount for which you were not entitled. If it is determined that you have provided false information to receive benefits, the following penalties will ensue. **First violation will result in removal from BCEAP for one year; second violation will result in permanent removal from BCEAP.**

**I CERTIFY UNDER PENALTY OF PERJURY, MY ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND ABILITY.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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