

Utility Cost Subsidization Program Application Instructions:

To be eligible for the Utility Cost Subsidization Program applicants must be listed as an owner on the account for which they are applying. Under no circumstance will an application be approved for which the name on the eligibility documentation does not match the name on the utility account. Only one application per household is allowed and only one subsidy per applicant is allowed.

Acceptable documents providing proof of eligibility include:

- i. Participation in the Supplemental Nutrition Assistance Program (SNAP);
 - ii. Enrollment in Medicaid;
 - iii. Participation in Baranof Island Housing Authority (BIHA) assistance programs;
 - iv. Participation in the National School Lunch Program (NSLP).
1. Completed applications may be submitted as follows:
By mail: A completed and signed application along with photocopies of documentation may be mailed to:

City and Borough of Sitka
Attn: Utility Cost Subsidization Program
100 Lincoln Street
Sitka AK 99835

Please note that upon review applicant may be required to present original documentation for verification of eligibility.

In person: Completed forms with copies of documentation may be submitted at the Utility Office on the first floor at City hall, 100 Lincoln Street. Please note that upon review, applicant may be required to show original documentation. If applicants wish to submit original documentation for verification of eligibility, an appointment should be scheduled with the Accounts Receivable Clerk (747-1859).

2. Applications shall be considered submitted on the day on which the complete application with all required information is physically received by the City and Borough of Sitka. **Applications received after 5:00 pm on October 31, 2021, even if postmarked prior to the submission deadline, will be rejected.**
3. Applications which are incomplete or not on the prescribed form will be rejected. Upon receipt of an incomplete application, or an application which is not on the prescribed form, municipal personnel will attempt to contact the applicant to correct the problem. Ultimate responsibility for successful submission of a complete application on the prescribed form by the submission deadline rests with the applicant, however.
4. Submission of an incomplete application, the inability of municipal personnel to contact the applicant, unforeseen emergencies, or other circumstances shall not be grounds for a waiver or extension of the submission deadline. No waivers of the submission deadline shall be granted for any reason.
5. Upon request, the Accounts Receivable Clerk will assist applicants in completing the application. Such assistance shall be offered during regular business hours and a prescheduled appointment is strongly recommended. Applicants can schedule an appointment by calling 747-1859.

Applications shall be valid only for the upcoming subsidization year. Applicants approved for participation in the program must re-apply annually.

**City and Borough of Sitka
Utility Cost Subsidization Program Application**

Name: _____

Service Location Address: _____

Utility Account Number: _____

Account Holder Phone: _____

Program Providing Eligibility for Subsidization (check all that apply):

Valid through:

- | | |
|--|-------|
| <input type="checkbox"/> Participation in the Supplemental Nutrition Assistance Program (SNAP) | _____ |
| <input type="checkbox"/> Enrollment in Medicaid | _____ |
| <input type="checkbox"/> Participation in Baranof Island Housing Authority (BIHA) assistance program | _____ |
| <input type="checkbox"/> Participation in the National School Lunch Program (NSLP) | _____ |

Applicant Signature

Date

(by signing above applicant verifies eligibility under above programs and authenticity of documentation-applicant further agrees to notify the finance department if eligibility is discontinued)

Finance Department Certification (to be filled out by CBS staff)

Eligibility documents were verified by _____ on _____

Past Due Obligations: NO YES If yes, past due amount/details: _____

Acceptance Rejection by Administrator:

If rejected, reason for rejection: _____

Approval Signature

Date