



# Utility Assistance Program Application Form

## Qualifying Questions

1. Are you head of household with the Utility Bill in your name? (Please Circle) **Yes** or **No**
2. Are you a renter with the lease in your name? (Please Circle) **Yes** or **No**

If you answered “**NO**” to both questions, **STOP**; you do not qualify for the Utility Assistance Program (UAP).

If you answered “**YES**” to either question, continue to next 2 questions.

1. Did you turn sixty-two (62) years of age before January 1, 2020?  
(Please Circle) **Yes** or **No**
2. Are you currently disabled and were disabled during 9-12 months of the 2019 calendar year? (Please Circle) **Yes** or **No**

If you answered “**NO**” to both questions, **STOP**; you do not qualify for the Utility Assistance Program (UAP).

If you answered “**YES**” to one or both questions, please continue with the application.

## Applicant Information

Head of Household: \_\_\_\_\_  
Last First M.I.

Service Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Driver’s License # or State ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of people living at this address: \_\_\_\_\_

### Names and Birthdates for all household members (other than account holder):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_



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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Check One:  
Own  Rent

**If you rent, please have the landlord complete the section below:**

Please note: If you rent, your application will be automatically denied without this section completed.

**Landlord Information**

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

*As the Landlord of the property listed, I verify the applicant's information is true and correct to the best of my knowledge. I understand that I must notify the City of DeKalb Water Billing Department within five (5) business days when the tenant moves out of the residence.*

Date: \_\_\_\_\_ Landlord Signature: \_\_\_\_\_

**Income Verification**

**For each person living at this address, please include COPIES of all sources of income for verification, such as:**

- 2019 – 1040 Tax Return – signed and dated
- 2019 – 1040-SR Tax Return – signed and dated
- If you are not required to file a federal income tax return, include documentation for all sources of income for each person living at this address, including:**
  - 2019 – SSA 1099 Social Security Benefit Statement
  - 2019 – SSA 1042S Social Security Benefit Statement
  - W2's  Pensions
  - 1099's  IRA's
  - Alimony  Child Support
  - Any other sources of income
- Also include copies of the following documents:**
  - Photo ID/Driver's License of head of household only (All Applicants)

Signed lease (Renting only)

**Total Gross Household Income:** \_\_\_\_\_

**\*Attach all income verification documents, please provide only copies. We do NOT return any documents.**

| # in Household | Maximum Annual Income |
|----------------|-----------------------|
| 1 Person       | \$27,100              |
| 2 Persons      | \$31,000              |
| 3 Persons      | \$34,850              |
| 4 Persons      | \$38,700              |
| 5 Persons      | \$41,800              |
| 6 Persons      | \$44,900              |
| 7 Persons      | \$48,000              |
| 8 Persons      | \$51,100              |

### Required Disability Verification Document

In order to qualify for the Utility Assistance Program as a disabled person, you must include a copy of your **Illinois Person with a Disability Card**.

- Must be a class 1A, 2 or 2A to be approved.
- If you do not currently have a card, you can find this application online at:  
[https://www.cyberdriveillinois.com/publications/pdf\\_publications/dsd\\_x164.pdf](https://www.cyberdriveillinois.com/publications/pdf_publications/dsd_x164.pdf)



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**Disclaimer and Signature**

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. TITLE 18, SECTION 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or imprisoned not more than five (5) years or both”.

I understand I am filing an application with the City of DeKalb for Utility Assistance Program (UAP) benefits, which include reduced utility bill rates. I understand that I need to provide the City of DeKalb with accurate and truthful information with no omissions in order to process my Utility Assistance Program application. I understand that failing to agree to the statements below will result in my application being denied.

I, \_\_\_\_\_, CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I understand the statement above concerning the penalty of making a fraudulent statement. I agree that I will comply with all requirements outlined in the City of DeKalb’s Utility Assistance Program rules as outlined in this application. I authorize the City of DeKalb to make inquiries as necessary to verify the accuracy of the statements made, including, but not limited to income, age, number of family members residing at address listed on utility bill, etc.

\_\_\_\_\_ Agree  
\_\_\_\_\_ Disagree

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return application and copies of all required documents to:  
**City of Dekalb, Attn: Utility Assistance Program, 200 South Fourth Street, Dekalb, IL 60115**  
For any questions regarding the program please call Meghan Jordan at 815-748-2086.

*For office use only – do not write below this line*

Application Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_