



CITY OF RIVIERA BEACH UTILITY ASSISTANCE PROGRAM

HOUSEHOLD INFORMATION

Applicant:

Last Name: _____ First Name: _____ M.I. _____ Date of Birth: ___/___/___

Household Members:

Full Name: _____ Relationship: _____ Date of Birth: ___/___/___

Full Name: _____ Relationship: _____ Date of Birth: ___/___/___

Full Name: _____ Relationship: _____ Date of Birth: ___/___/___

Phone #: Home: _____ Work: _____ Cell: _____

Address: _____
STREET CITY STATE ZIP + 4

Utility Account #: _____

APPLICANT'S INFORMATION

Employed

Self-employed

Unemployed

Retired

Senior Citizen

Disabled

Employer: _____ Position: _____ Start Date: ___/___/___

Address: _____
STREET CITY STATE ZIP + 4

Date Disability Approved: ___/___/___ Date Veteran Status Established: ___/___/___

Other: _____

HOUSEHOLD ANNUAL GROSS INCOME

Applicant

Other Household Members

Gross Annual Income: \$ _____ \$ _____

CERTIFICATION BY APPLICANT

The applicant certifies that all information in this application and all information furnished in support of this application is true and correct to the best of the applicant's knowledge and belief. The applicant hereby authorizes the City of Riviera Beach to obtain verification and information as maybe needed in connection with qualifying the applicant for the Utility Assistance Program.

Signature: _____ Date: ___/___/___

MAIL

Please submit completed application
and supporting documentation to:

Utility Special District
600 West Blue Heron Blvd.
Riviera Beach, FL 33404

EMAIL

utilities@rivierabeach.org

IN PERSON

Utility Special District
600 West Blue Heron Blvd.
Riviera Beach, FL 33404



CITY OF RIVIERA BEACH UTILITY ASSISTANCE PROGRAM OVERVIEW

Purpose

The City of Riviera Beach's Utility Assistance Program (UAP) is to assist residential customers who are 60 years or older or any person with a disability regardless of age with household total income at or below the "Low Income (80%)" category from the 2015 Palm Beach County Annual Income Limits may receive a credit. The benefit amount will depend on total household income and household size.

Eligibility Requirements

Households must meet the following criteria, in order to receive assistance through the UAP:

- Applicant must be 60 years of age or older; or
- Applicant must be a qualified individual with a disability regardless of age
- Applicant must reside in the City of Riviera Beach
- Have a City of Riviera Beach utility bill in the applicant's name
- Total household gross annual income must be at or below the following limits:

Number of Household	Household Gross Annual Income Limit
1	\$36,750
2	\$42,000
3	\$47,250
4	\$52,500
5	\$55,400

Number of Household	Household Gross Annual Income Limit
6	\$58,300
7	\$61,200
8	\$64,100
9	\$67,000
10	\$69,900

Source: 2015 Palm Beach County Annual Income Limits for West Palm Beach and Boca Raton Metropolitan Statistical Area "Low Income (80%)" Category.

Required Documentation

The following documentation are required for both the applicant and household members and are to be submitted with the Utility Assistance Program application:

- ✓ Proof of income for the applicant and all household members (include all types of benefits and pensions)
- ✓ Proof of food stamps, social security and disability payments for the applicant and all household members
- ✓ Copy of current valid driver's license or identification card issued by the State of Florida
- ✓ Copy of government approved disability or veteran status identification card
- ✓ Copy of most recent City of Riviera Beach utility bill

Application Process

- ✓ Complete and sign the Utility Assistance Program application.
- ✓ Submit copies of the supporting documentation as listed above.
- ✓ Submit application and supporting documentation by mail, email, or in person to:

MAIL
Utility Special District
600 West Blue Heron Blvd.
Riviera Beach, FL 33404

EMAIL
utilities@rivierabeach.org

IN PERSON
Utility Special District
600 West Blue Heron Blvd.
Riviera Beach, FL 33404