DWS-HCD 882
Rev. 05/2025

State of Utah
Department of Workforce Services

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 #: _____

Residential Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Social Security Number: _____ Number in Household: _____

*You are required to report **all income** received **last month** by **each adult (18 & older)** in your household. All documents must be submitted with your application.*

Source of Income Received in Prior Month	Documents Needed for Verification	Monthly Amount
☐ Employment Income (Gross per month)	Check stubs or employer statement	$
☐ Social Security Income (SSA, SSD, SSI)	Award letter	$
☐ Self-Employment Income	Tax return form	$
☐ Unemployment / Workers Compensation	Print out or check stubs	$
☐ Pension / Retirement	Monthly statement	$
☐ Veteran's Benefits	Benefit letter	$
☐ Child Support / Alimony	Copy of divorce decree or ORS printout	$
☐ Refugee Cash Assistance (RCA)	"MyCase" print-out	$
☐ 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 processing 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 needed documents will be DENIED.

Mail completed application by July 11, 2025 to:
Utah Community Action--HELP, 1307 S 900 W, Salt Lake City, UT 84104
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