

Disability Utility Rate Reduction Application

Please complete this form to apply for a reduction in your utility rates based on disability status. Once completed, print this form and submit it to your utility provider along with the required verification documents.

1. Applicant Information

Full Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Utility Account Details

Utility Provider Company Name:

Utility Account Number:

Name Listed on Utility Account:

3. Household and Income Information

Number of Persons Living in Household:

Total Gross Annual Household Income:

4. Medical Professional Certification

This section must be completed by a licensed physician, physician assistant, or nurse practitioner to certify the applicant's disability status.

Certifying Professional Name:

Professional Title / Medical Specialty:

State Medical License Number:

Professional Office Phone Number:

Description of Qualifying Disability (Optional/As required):

5. Signatures and Certification

By signing below, the applicant and certifying medical professional declare under penalty of perjury that the information provided on this application is true and correct.

Applicant Signature (Print Name to Sign):

Date of Applicant Signature:

Medical Professional Signature (Print Name to Sign):

Date of Medical Certification Signature: