

2025 UTILITY ASSISTANCE PROGRAM APPLICATION

QUALIFYING QUESTIONS

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

**If you answered “NO” to both questions, STOP; you do not qualify for the Utility Assistance Program.
If you answered “YES” to either question, continue to next questions.**

1. Did you turn sixty-two (62) years of age before or on January 1, 2025? **Yes or No**
2. Are you currently disabled and were disabled during 9-12 months of the 2024 Calendar year? **Yes or No**

APPLICANT INFORMATION

Head of Household Name: _____ Date of Birth: _____

Driver's License or State ID #: _____ Phone #: _____

Service Address: _____ ☐ Own Property ☐ Rent Property

Number of people living at this address: _____ Total Gross Household Income: \$ _____

Utility Bill Account #: _____

Please provide name, age, and relationship for all household members (other than head of household):

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

REQUIRED DISABILITY VERIFICATION

To qualify for the Utility Assistance Program as a disabled person under the age of 62 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.ilsos.gov/publications/pdf_publications/dsd_x164.pdf

LANDLORD INFORMATION

If you rent, please have the landlord complete this section and provide a signed current lease.

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 the City of DeKalb's Municipal Code chapter 7 identifies the "customer" as the property owner, and tenant participation in the Utility Assistance Program does not supersede the City's Municipal Code. I further 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: _____

VERIFICATION

Please include proof of **2024** income and proof of identification for **each person living at this address.**

- **Proof of income from 2024:**

- SSA-1099 (Social Security Benefit Statement)
- W2
- 1099
- Pension
- IRA
- Child Support
- Alimony
- Any other source of income earned in 2024

- **Proof of identification:**

- Driver's license
- State ID

- **If you do not file taxes or receive a 1099:** contact Social Security or The VA for a detailed statement/breakdown of benefits paid per month and the total for 2024.

MUNICIPAL TAX REBATE

City of DeKalb staff will be calculating your municipal tax rebate based on the issued date on the electric and gas bills for the months of **January 2024 through December 2024.** Tax Rebates will be issued as a credit on your Utility Bill instead of a physical check.

- Please keep your originals, the City of DeKalb will no longer make copies on your behalf.
- If your bill was paid via another utility assistance program, such as LIHEAP, PIPP or COVID Assistance programs, that bill's municipal tax **will not** be eligible for the rebate that month.
- The address on your gas and electric bill must match the address on your Utility Billing account.
- You must be approved for the Utility Assistance Program to be eligible for the Tax Rebate.

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: _____

Renewal Applications are due by April 15th, 2025.

Please return application and copies of all required documents to:

City of Dekalb, Attn: Utility Assistance Program, 164 E Lincoln Hwy, Dekalb, IL 60115

For any questions regarding the program please contact Utility Billing at 815-748-2085 or waterbilling@cityofdekalb.com

OFFICE USE ONLY

Approved: _____ Denied: _____ Reason: _____

Approved By: _____ Date: _____

Entered By: _____ Date: _____

INCOME LIMIT GUIDE

# In Household	Maximum Annual Income
1 Person	\$32,450
2 Persons	\$37,050
3 Persons	\$41,700
4 Persons	\$46,300
5 Persons	\$50,050
6 Persons	\$53,750
7 Persons	\$57,450
8 Persons	\$61,150

