



PUBLIC UTILITY DISTRICT NO. 2 OF PACIFIC COUNTY

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Application for Electric Discount Program

PUD No. 2 of Pacific County provides the ability to apply for a discount under the electric discount program by filing an application. Applicants approved for the Low-Income Senior or Low-Income Disabled Citizen residential electric discount program shall receive the following credit against the applicant's electric bill during each calendar year:

Total Household Income*	Percentage of Credit (Applied Monthly)
150% to 200% of FPL	10%
100% to 149% of FPL	25%
Up to 100% of FPL and under	40%
Maximum allowable credit per year is \$400.00	

*The Total Household Income levels will be adjusted each year in December based on the United States Department of Health and Human Services Federal Poverty Guidelines for the ensuing year's program.

Eligibility Requirements

- Must meet the District's definition of a "senior citizen" or a "disabled citizen" as follows:
 - "Senior citizen" means citizens age 62 or older as of January 1 of the applicable calendar year.
 - "Disabled citizen" means citizens 18 years of age or older and that meet the Washington State law definition of "permanent disability".
 - Must submit proof of disability through a Supplemental Security Income (SSI) award letter.
- It is a requirement of the applicant that:
 - The electrical service is under the occupant's (applicant's) name.
 - Applicant has been a full-time resident in the District's service area using electricity for no less than one year.
 - Participants of this program, agree to notify the District immediately if at any date the applicant's household income or other qualifying status changes, such that they may no longer meet the criteria required for participation.
 - Furthermore, agreement that upon discovery of a fraudulent application the customer will be immediately removed from the program and will have up to two year's discounts charged back to their account.

Conditions

- Verification of age or disability, total household income and other information as listed on the application is required. An income worksheet is provided to help establish the applicant's total household income.
 - **New program applicants** are required to include supporting material with their initial application.
 - **Existing program participants** must reapply and provide supporting material for each subsequent odd-numbered calendar year for as long as they participate in the low-income senior or disabled citizens discount program.

I hereby certify that the provided information is true and correct to the best of my knowledge and meets all eligibility requirements as stated by PUD No. 2 of Pacific County. I agree to provide the requested documentation as proof of my eligibility. I understand that any discounts offered by the District are for residential use only and will be applied as a credit to my monthly bills. I further understand that a fraudulent application for any discount will result in my immediate removal from the discount program as well as a maximum of two year's discount charged to my account.

Signature

Date

Instructions

1. Please fill out the information requested below to determine eligibility for the Electric Discount Program.
2. Attach copies of supporting documents as required under conditions.
3. Return all documentation to your local office in person, via mail, email, or fax.

Please Print:	
Name _____	PUD Acct # _____
Service Address _____ _____	Social Security # _____
Mailing Address (if different) _____ _____	Phone # _____
Drivers License or WA State ID #* _____ <small>*verified with provided photo copy</small>	Birthdate _____
Total Household Income* _____ <small>*verified using most recent federal tax return and/or Income Worksheet/Supporting Documents</small>	

Income Worksheet	
<p>“Total Household Income” means the total of all sources of income/monies received by every household member. A copy of each occupant’s most recent federal tax return is required. If a tax return is not filed, please submit supporting documents for each amount listed below. Please give the total amount for each item in a 12-month period.</p>	
Salary & Wages \$ _____	Social Security Benefits \$ _____
Unemployment Compensation \$ _____	Interest & Dividends \$ _____
DSHS Benefits \$ _____	Other Income: _____
L&I Benefits \$ _____	\$ _____
Pensions, Annuities & Retirement Benefits \$ _____	
TOTAL HOUSEHOLD INCOME \$ _____	

Verification of Disability

Customers receiving Supplemental Security Income (SSI) from the US Department of Human & Health Services or the State of Washington General Assistance-Unemployable (GA-U) Program due to a disability may call 1-877-980-9180 or 360-565-2180 and request a copy of their eligibility verification. The verification will be sent directly to the customer and a copy must be provided with this application.

PUD USE ONLY

1 year active _____	Approved _____	Discount % _____	CSR _____
Age/Disability Verification _____	Denied _____		Date Received _____
Income Verification _____	Denial Reason _____		Bill Cycle _____