

PUD DISCOUNT APPLICATION

INCOMPLETE APPLICATIONS OR MISSING DOCUMENTATION WILL DELAY PROCESSING

Esta aplicación está disponible en español en nuestro sitio web www.snopud.com/discounts

SEE OTHER SIDE FOR INCOME ELIGIBILITY

ACCOUNT HOLDER'S NAME (please print entire name)	PRIMARY TELEPHONE NUMBER () <input type="checkbox"/> Home land-line <input type="checkbox"/> Mobile
ADDRESS OF ELECTRIC/WATER SERVICE (include City and Zip Code)	SECONDARY TELEPHONE NUMBER () <input type="checkbox"/> Home land-line <input type="checkbox"/> Mobile
	EMAIL ADDRESS

HOUSEHOLD OCCUPANTS/MEMBERS

List all household occupants. An occupant is anyone who lives in the home, whether a relative or not. Even if the person does not pay rent, you must list him/her as an occupant and include income. (Attach an additional page if needed.)

ACCOUNT HOLDER & ADULT OCCUPANTS (19 YEARS OLD AND OVER):

<i>Full Name</i> (enter below)	<i>Date of Birth</i> MM/DD/YY	<i>Relationship to Account Holder</i> (enter below)	<i>Monthly Gross Earned & Unearned Income</i>
		Self (Account holder)	\$
			\$
			\$
			\$

CHILD/YOUTH OCCUPANTS (18 YEARS OLD AND UNDER):

<i>Full Name</i> (enter below)	<i>Date of Birth</i> MM/DD/YY	<i>Relationship to Account Holder</i> (enter below)	<i>Monthly Unearned Income</i> (e.g., SSI, Tribal, VA)
			\$
			\$
			\$
			\$

TOTAL INCOME: \$ _____

INCOME TYPES

Previous three months of documentation required for sources of all income, including, but not limited to:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Wages, Tips & Salaries (not needed for minors) • Self-Employment Income (not needed for minors and do not deduct depreciation or losses) • Social Security and Other Retirement Benefits (e.g., pensions, annuities) • SSI or Disability Payments • Tribal Per Capita • Child or Spousal Support, including: foster care, alimony, adoption support, separate maintenance payments received • Welfare or DSHS Cash Benefits • Value of Barter, Trade or Work for Rent | <ul style="list-style-type: none"> • Veterans Benefits • Unemployment Benefits • Workers Compensation (L&I) • COPES • Rental Income or Partnerships • Withdrawals or Dividends from: Savings or Other Accounts, Stocks, Bonds, IRAs, Trusts, Royalties, Estates, etc. • Capital Gains (do not deduct losses) • Cash/Gifts • All other income for adult occupants |
|--|---|

Note: Student financial aid is not counted as income.

(Continue on other side)

FOR SNOHOMISH COUNTY PUD USE ONLY

APPROVED % DENIAL CODE

BILLING CYCLE RECEIVED BY/DATE

ACCOUNT #

ACCOUNT HOLDER'S NAME

INCOME DOCUMENTATION REQUIREMENTS

Provide documentation for the previous three full months of income for all people in the home. Types of documentation include, but are not limited to: pay stubs, award letters, complete bank statements, annual social security or retirement statements, and other statements showing benefits and income (**provide all pages**, originals will not be returned). Customers who are at least 62 years old may use previous year's tax return. Self-employed customers must use previous year's tax return with all schedules or itemized profit and loss statement for the previous three months, including receipts for expenses.

ELIGIBLE DEDUCTION REQUIREMENTS

Provide documentation for the previous three months for the following eligible deductions: paid child support; Medicare Part B & D premiums; and nursing home care and medically required in-home care. State the amount for non-reimbursed prescription medication expenses (do not include receipts listing medication).

Total Monthly Deductions: \$ _____

EXPENSES & ASSISTANCE

List your expenses and explain what and how much assistance (e.g., student financial aid, loans, DSHS benefits, cash gifts, savings, etc.) you receive to help meet your basic living needs. **Please provide documentation** for all DSHS benefits (food stamps, cash, medical, etc.) and housing assistance award letter.

	Monthly Amount	Where did the funds come from?
Rent/Mortgage:	\$ _____	
Do you currently receive housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Electricity/Gas/Utilities:	\$ _____	
Transportation:	\$ _____	
Food:	\$ _____	
Other:	\$ _____	

I will notify the PUD of significant changes to income and/or number of occupants. Audits of discounts may occur at any time. I authorize any and all agencies and entities to furnish all information to Snohomish County PUD about any income and benefits that my household is receiving or entitled to receive. I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. False or incorrect information will result in denial or immediate removal of discount.

SIGNATURE OF ACCOUNT HOLDER X	DATE
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MAIL this completed and signed application, **along with required documentation, TO:**
 PUD Discount Service Center — PO Box 1107, Everett, WA 98206-1107. Or **FAX TO:** 425-267-6137.

QUESTIONS: www.snopud.com/discounts, 425-783-1000 (toll-free in Western Washington and outside the Everett local calling area at 1-877-783-1000), Monday through Friday, 8:00 AM to 5:30 PM

INCOME ELIGIBILITY (Maximum after deductions)

SENIORS – 62 YEARS OF AGE OR OLDER:	Monthly	Annual
Total Household Income	\$2,482.00	\$29,784
UNDER 62 YEARS OF AGE:	Monthly	Annual
Household Size: 1 person	\$1,301.08	\$15,613
2 people.....	\$1,761.50	\$21,138
3 people.....	\$2,221.92	\$26,663
4 people.....	\$2,682.33	\$32,188
5 people.....	\$3,142.75	\$37,713
6 people.....	\$3,603.17	\$43,238
7 people.....	\$4,063.58	\$48,763
Each Additional Person, ADD:	\$460.00	OR \$5,525