

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

> PLEASE USE ONLY BLACK OR BLUE INK

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.) **If Applicable, list names the same as they appear on DSHS paperwork.**

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

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

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

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

TOTAL INCOME: \$ _____

*If Applicable, list account holder's name the same as it appears on DSHS paperwork

DSHS Food Benefits (SNAP)? Yes No

If "Yes," provide (check one) DSHS Client ID or SSN for verification of your income and household size:

If additional members of your household qualify, complete the following specific information for all applicable members (attach additional page if necessary):

Name: _____ DSHS Client ID or SSN _____

Name: _____ DSHS Client ID or SSN _____

Name: _____ DSHS Client ID or SSN _____

PLEASE COMPLETE THE "EXPENSES" SECTION ON THE BACK BEFORE SIGNING YOUR APPLICATION.

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, annual tax returns (provide all pages, originals will not be returned). Self-employed customers must submit previous year's 1040 and Schedule C.

(Continue on other side)

FOR SNOHOMISH COUNTY PUD USE ONLY

ACCOUNT #

BILLING CYCLE RECEIVED BY/DATE

APPROVED % DENIAL CODE

ACCOUNT HOLDER'S NAME

INCOME TYPES

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

- ▶ 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
- ▶ Veterans Benefits
- ▶ Unemployment Benefits
- ▶ All other income for adult occupants

Note: Student financial aid is not counted as income.

EXPENSES

List your expenses and explain what and how much assistance (e.g., student financial aid, loans, cash gifts, savings, etc.) you receive to help meet your basic living needs.

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

I would like to be considered for future Income-Qualified Energy Efficiency/Conservation Assistance Programs.

By signing this agreement I certify that the information on this form is true and correct and that false or incorrect information will result in denial or immediate removal of discount(s). I also agree to the following: I will notify the PUD of significant changes to income and/or number of occupants. Audits of discounts may occur at any time. I grant permission to Snohomish County PUD and other government agencies in possession of my personal data, including but not limited to financial and account information, to request or release my data when necessary to establish, verify, or monitor eligibility, make payments on my behalf, or for other purposes in connection with my receipt of benefits.

SIGNATURE OF ACCOUNT HOLDER

DATE

X

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 deduction)

	Monthly	Annual
Household Size: 1 person	\$2,521	\$30,252
2 people.....	\$3,052	\$36,620
3 people.....	\$3,838	\$46,060
4 people.....	\$4,625	\$55,500
Each Additional Person, ADD:	\$787 OR	\$9,440