

PUD DISCOUNT APPLICATION

INCOMPLETE APPLICATIONS OR MISSING DOCUMENTATION WILL DELAY PROCESSING

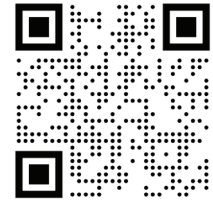
Esta aplicación está disponible en español en nuestro sitio web snopud.com/discounts

> PLEASE USE ONLY BLACK OR BLUE INK

Section 1 - Property Information

| | |
|-----------------|--------------------------------|
| Service address | Mailing address (if different) |
| Primary phone | Email |

Tip! Save time and paper by applying online:



snopud.com/discounts

Please check one: ☐ I rent my home ☐ I own my home

Section 2 - Household Occupants

An occupant is anyone who resides on the property and benefits from the meter at the property address

ADULTS (19 YEARS OF AGE OR OLDER) - Primary account holder required to be occupant 1

| Name | DOB | Relationship | Monthly earned and unearned income before tax (see table on pg. 4) |
|------|-----|-----------------------|--|
| 1. | | Self (account holder) | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

CHILD/YOUTH (18 YEARS OLD OR YOUNGER)

| Name | Age |
|------|-----|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Additional members? Add a sheet of paper to this application with corresponding information or use our online application at snopud.com/discounts

Do you or anyone in your household receive the following benefits in addition to your monthly income?

- ☐ Tribal per capita \$_____ monthly net amount
- ☐ Veterans assistance benefits \$_____ monthly net amount

Select sources of income:

- ☐ Wages, tips, salaries (19 years and up) ☐ Self-employment income (19 years and up)
- ☐ Retirement income (e.g. 401(k), pension, annuities, etc.) ☐ Social Security, SSI or disability payments
- ☐ Unemployment benefits ☐ Child support
- ☐ Refugee Cash Assistance (RCA) ☐ Cash income
- ☐ Other income sources: (savings, loans, credit, inheritance, stocks, bonds, IRAs, trusts, royalties, Cryptocurrency, etc.)
- ☐ Other income assistance: (Family or friend assistance, trade or barter)

FOR SNOHOMISH COUNTY PUD USE ONLY

BILLING CYCLE RECEIVED BY/DATE

ACCOUNT #

ACCOUNT HOLDER'S NAME

Section 3 – DSHS Benefits

Does anyone in the household have Department of Social and Health Services (DSHS) benefits? (*Including Food, TANF, Refugee Assistance, State Supplemental Plan, Aged, Blind and Disabled. Does NOT include participants with medical-only benefits*). **Important: only one person's information is required even if multiple household members receive benefits.**

> **If YES**, complete the DSHS consent information below

> **If NO**, continue to Section 4

> **If YES, but your benefit status is CONFIDENTIAL**, please complete the online application (at snopud.com/discounts) to upload documentation or mail documentation with this completed form

DSHS consent. Notice to Clients: The Department of Social and Health Services (DSHS) can help you better if we are able to work with other agencies and professionals that know you and your family. By signing this form, you are giving permission for DSHS to use and share confidential information about you. DSHS cannot refuse you benefits if you do not sign this form unless your consent is needed to determine your eligibility. If you do not sign this form, DSHS may still share information about you to the extent allowed by law. If you have questions about how DSHS shares client confidential information or your privacy rights, please consult the DSHS Notice of Privacy Practices or ask the person giving you this form.



| | |
|---|---|
| First name of person receiving benefits* | Last name of person receiving benefits* |
| Date of birth for person receiving benefits | DSHS client ID or social security # |

**Spelling must match what is on file with DSHS*

IF signing for self. *No additional documentation is required*

IF authorized to sign for child under 18 as guardian, or personal representative.
Attach proof of authority

IF benefits are through other occupant in the household over 18.
Provide copy of driver's license or ID for person receiving benefits

I consent to the use of confidential information about me within DSHS to plan, provide, and coordinate services, payments, and benefits for me or for other purposes authorized by law. I also grant permission to DSHS and the Snohomish County PUD, and its authorized employees, to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or electronically, by mail or hand delivery.

This consent is valid for one year or ☐ until _____ (date or event)

- ♦ I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.
- ♦ I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS.
- ♦ A copy of this form is valid to give my permission to share records.

| | |
|--|------|
| Signature of person receiving benefits | Date |
|--|------|

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Section 4 – Streamlined Enrollment

Does anyone in the household:

✓ Have a child in the home eligible for free or reduced lunch with **National School Lunch Program**?

✓ Receive income-based housing assistance benefits from any of the following agencies?

☐ Housing Authority of Snohomish County

☐ YWCA

☐ Everett Housing Authority

☐ Rapid Rehousing Program

☐ Housing Hope/Hopeworks

> If you answered YES to either question in Section 4:

☐ Provide a copy of your eligibility letter to receive free or reduced lunches **OR**

☐ A copy of your housing assistance award letter with benefit amount

> IF YOU ANSWERED YES TO ANY QUESTION IN SECTION 3 OR 4, SKIP SECTION 5 <

Section 5 – Income Information

INCOME TYPES & RELATED DOCUMENTATION

If any household member has any of the types of income listed below, please provide documentation

| | |
|--|--|
| Wages, tips, salaries (19 years and up) | Paystubs received between the first and the last day of the most recent full month |
| Self-employment income (19 years and up) | Annual tax returns accepted until June 30 each calendar year Applications received after June 30 will require a profit and loss statement with copies of receipts or quarterly tax returns with all schedules and worksheets |
| Other retirement income (e.g. 401(k), pension, annuities, etc.) | Most recent proof of payment, bank statement or annual retirement statement reflecting deposit amount |
| Social Security, SSI or disability payments | Award letter for the current year (https://ssofficelocation.com/resources/social-security-award-letter/) |
| Unemployment benefits | Unemployment statements for last 30 days (https://Secure.esd.wa.gov/home) |
| Child Support | Department of Child Support (DCS) document |
| Refugee Cash Assistance (RCA) | Refugee Case Assistance Award Letter |
| Other income sources: (Savings, loans, credit, inheritance, stocks, bonds, IRAs, trusts, royalties, cryptocurrency, etc.) | Most recent statement reflecting withdrawals and deposits |
| Other income assistance: (Family or friend assistance, trade or barter) | Letter that includes name of contributor, contributor phone number, home address and value of trade/barter or explanation of contribution |
| Cash income | Letter that includes name of contributor, contributor phone number, home address and explanation of contribution |

ADDITIONAL DEDUCTIONS

Some monthly costs can be deducted from your income to calculate your eligibility. Enter the amount of any monthly costs and provide supporting documentation.

| | | Monthly cost |
|--|---|--------------|
| Child support costs | Provide Department of Child Support Statement | |
| Medically necessary in-home care expenses | Provide receipts, cancelled checks or statements showing amount paid | |
| Monthly prescription drug cost | Provide documentation detailing monthly costs, such as pharmacy print out | |

– continued on next page –

INCOME ELIGIBILITY

| Household size | Annual income | Monthly income |
|----------------------------|---------------|----------------|
| 1 person | \$31,920 | \$2,660 |
| 2 people | \$43,280 | \$3,607 |
| 3 people | \$54,640 | \$4,553 |
| 4 people | \$66,000 | \$5,500 |
| 5 people | \$77,360 | \$6,447 |
| 6 people | \$88,720 | \$7,393 |
| 7 people | \$100,080 | \$8,340 |
| Each additional person add | \$11,360 OR | \$947 |

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

☐ **Check this box if you would like to be considered for future income qualified energy-efficiency/conservation-assistance programs**

The PUD offers special programs and rebates to help customers reduce energy use and save money. Examples of special programs for income-qualified customers include grants that provide additional bill credits to eligible accounts, or programs that offer free energy-efficient appliances to qualifying households.



MAIL 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

OR **EMAIL** IQD@snopud.com – please note, this address is for application submission only.

QUESTIONS: snopud.com/discounts, 425-783-1000
(toll-free in Western WA and outside the Everett local calling area at 1-877-783-1000),
Monday-Friday, 8 am to 5:30 pm