



# 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](http://www.snopud.com/discounts)*

> PLEASE USE ONLY BLACK OR BLUE INK

SEE OTHER SIDE FOR INCOME ELIGIBILITY

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

## HOUSEHOLD OCCUPANTS/MEMBERS

List all household occupants. An occupant is anyone who lives in the home, whether a relative or not. (Attach an additional page if needed.)

### 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
1.			Self (Account holder)	\$
	<b>DSHS Food Benefits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: DSHS Client ID or SSN _____			
2.				\$
	<b>DSHS Food Benefits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: DSHS Client ID or SSN _____			
3.				\$
	<b>DSHS Food Benefits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: DSHS Client ID or SSN _____			

### 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)
1.				\$
2.				\$
3.				\$
4.				\$

### ADDITIONAL DSHS BENEFITS FOR YOUTH 18 AND UNDER

Name _____	Client ID# or SSN _____
Name _____	Client ID# or SSN _____
Name _____	Client ID# or SSN _____
Name _____	Client ID# or SSN _____

**TOTAL INCOME: \$** \_\_\_\_\_

**PLEASE COMPLETE THE "EXPENSES" SECTION ON THE BACK.**

**SIGNATURE IS REQUIRED FOR APPLICATION PROCESSING.**

FOR SNOHOMISH COUNTY PUD USE ONLY

RECEIVED BY/DATE

BILLING CYCLE

ACCOUNT #

ACCOUNT HOLDER'S NAME

## MONTHLY EXPENSES

**List your monthly expenses and how they are paid**

<b>Electricity/Gas/Utilities:</b>	<b>\$</b>	
<b>Transportation:</b>	<b>\$</b>	
<b>Food:</b>	<b>\$</b>	
<b>Rent/Mortgage:</b>	<b>\$</b>	
Do you currently receive housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other:</b>	<b>\$</b>	

### Income Documentation is REQUIRED for the most recent three months

*Types of income include, but are not limited to:*

- Wages, Tips, Salaries (19 Yrs & up)
- Self-Employment Income (19 Yrs & up)
- Social Security or Other Retirement Income
- SSI or Disability Payments
- Tribal Per Capita
- Veteran's Benefits
- Unemployment Benefits
- Child or Spousal Support including:
  - Foster Care
  - Alimony
  - Adoption support
  - Other maintenance payments received

*Documentation includes, but is not limited to:*

- Pay Stubs
- Complete bank statements
- Annual Social Security Statements
- Annual Retirement Income Statements
- Annual Tax Returns\*

**Other Required Documentation if applicable:**

- Housing Award Letter
- DSHS Award Letter, all pages

\*Annual Tax Returns accepted until June 30 of each calendar year for seniors and self-employed.

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](http://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 income after deduction)

	<b>Monthly</b>	<b>Annual</b>
Household Size: 1 person .....	\$2,521	\$30,252
2 people.....	\$3,406	\$40,880
3 people.....	\$4,303	\$51,640
4 people.....	\$5,200	\$62,400
5 people.....	\$6,096	\$73,160
6 people.....	\$6,993	\$83,920
7 people.....	\$7,890	\$94,680
Each Additional Person, ADD: .....	\$896 OR	\$10,760