

LOW-INCOME DISCOUNT APPLICATION

APPLICA	ANT'S NAME (please print entire name)	DATE OF BIRTH	SOCIAL SECURITY NUMBER (las	et 4 digits)			
SPOU	SE NAME CO-TENANT NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER (las	et 4 digits)			
NAME (please print entire name of spouse or co-tenant)		TELEPHONE NUMBER				
ADDRES	SS (primary residence; please include City, State, Zip Code)		Are you receiving housing assistance? Are you receiving college financial aid? Please attach college and/or housing as	Yes No			
LIST AI Name	L OTHER PEOPLE IN HOUSEHOLD (attach additional shee Last 4 digits of Social Security No. Da		IF you are eligible, the disapplied from the date we COMPLETE qualifying app	received your plication and			
AGENCY/AGENCY#	IMPORTANT: We cannot process your applicate DISCOUNT WILL BE <u>DENIED</u> if proof		, ,				
AGEN	Monthly rent or mortgag	ge: \$	See the back side of this app.	lication.			
DATE RECEIVED DENIAL CODE	Social Security and other retirement benefits services, military and veteran benefits, pensity.			\$ AMOUNT			
 Gane	2. Welfare, unemployment, grants, disability i	ncome (provide statements f o	me (provide statements for the last three months)				
ATE RECI	3. Gross wages (paystubs for last 3 months)						
	4. Child-support, foster care, alimony, adoption support, separate maintenance payments received, tribal per capita (provide records for the last three months)						
METER NUMBER	5. Self-employment income (tax return: prior year's 1040 with all schedules)						
W W	6. Rental property, trust, royalties, partnership, estate (tax return: prior year's 1040 with all schedules)						
CYCLE	7. Interest and dividend income						
BILLING CYCLE	8. All other sources of income (with supporting documentation)			\$			
	9. INCOME Subtotal: (add all lines)			\$			
	DEDUCTIONS (Decrease station Decreased).						
	DEDUCTIONS (Documentation Required): 10. Paid child support with supporting documentation (list name, birthdate of all children)						
	11. Social Security Medicare premium, actual payments for verifiable medically required attendant care			\$			
	12. DEDUCTIONS Subtotal:						
'S NAME	TOTAL: INCOME Subtotal (line 9) minus De	ductions Subtotal (line	e 12)	\$			
PRIMARY'S NAME		ntinue and sign or					

DECLARATION OF NO/LOW INCOME

IF YOU ARE CLAIMING NO/LOW INCOME, YOU MUST FILL OUT THIS FORM COMPLETELY.

This form requires supporting documentation. Please use this form to explain how your household met its basic living needs during the **previous three full months**.

Basic living needs include, but are not limited to, how you purchased food, paid rent, utilities, and transportation. Please list ALL your bills, how much they were, and from where the funds came. Please list all loans, gifts, agencies or miscellaneous income, the dollar amount(s) and the name of the person(s)/agencies providing the assistance.

List Bills/Expenses	1st Month	2nd month	3rd month	Source of Funds (how expenses are paid)
Housing	\$	\$	\$	
Electricity/Gas	\$	\$	\$	
Phone	\$	\$	\$	
Transportation	\$	\$	\$	
Insurance	\$	\$	\$	
Food/Household Needs	\$	\$	\$	
Credit Cards	\$	\$	\$	

LOW-INCOME DISCOUNT PROGRAM ELIGIBILITY

You may be eligible for this program if:

YOUR HOUSEHOLD IS	And YOUR ANNUAL INCOME IS
1 person	\$14,363
2 people	\$19,388
3 people	\$24,413
4 people	

For each additional person in your household, add \$5,025 to the annual income total.

I understand I must re-apply for this discount when I move if it has been six months or more, or at any time I close my account without starting new service. Failure to do so will cancel the discount. Audits of discounts may occur at any time during the year.

I authorize any and all agencies and entities to furnish all information about any income and benefits that I am receiving or entitled to receive to PUD No. 1 of Snohomish County.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I will re-apply if my income increases and changes.

SIGNATURE OF APPLICANT & CO-TENANT (IF ANY)	DATE
×	

MAIL this application, along with complete income verification, TO: PUD Discount Service Center — PO Box 1107, Everett, WA 98206-1107

QUESTIONS:

Call 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. Additional information is available at **www.snopud.com/discounts**.