

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..... | \$29,438 |

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

X

**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.

Si necesita ayuda en español llame 1-877-783-1000, lunes a viernes, 8:00 AM to 5:30 PM.