



APPLICATION FOR RESIDENTIAL LOW INCOME ASSISTANCE PROGRAM

Name _____ - _____
 As It Appears On Your Energy Bill Account Number

Service Address _____
 Street City Zip

Mailing Address _____
 If Different From Service Address Street City Zip

Home Phone () _____ Work Phone () _____

Number Of People Living In Household Adults _____ + Children _____ = Total _____

Your household's gross annual income may not exceed these Income Guidelines.

Number of Persons in Household	1 or 2	3	4	5	6
Total Combined Annual Income	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000

(add \$7,400 for each additional household member)

(Please Check All Sources for Your Total Annual Household Income)

- | | | |
|---|---|--|
| <input type="checkbox"/> Wages or Salaries | <input type="checkbox"/> School Grants,
Scholarships or Other Aid | <input type="checkbox"/> Insurance Settlements
<input type="checkbox"/> Legal Settlements
<input type="checkbox"/> TANF (AFDC) |
| Interest and/or Dividends from: | <input type="checkbox"/> Profit from Self-
Employment (IRS Form | <input type="checkbox"/> Food Stamps
<input type="checkbox"/> Child Support
<input type="checkbox"/> Cash and/or Other Income |
| <input type="checkbox"/> Savings Accounts | <input type="checkbox"/> Disability Payments
<input type="checkbox"/> Workers Compensation | |
| <input type="checkbox"/> Stocks or Bonds | <input type="checkbox"/> Social Security, SSI, SSP | <input type="checkbox"/> Spousal Support |
| <input type="checkbox"/> Retirement Accounts | <input type="checkbox"/> Pensions | <input type="checkbox"/> Parental Support |
| <input type="checkbox"/> Unemployment Benefits | | |
| <input type="checkbox"/> Rental or Royalty Income | | |

Total Annual Household Income: \$ _____

I state that the information I have provided in this application is true and correct. I agree to provide herewith proof of income, including all the income tax returns of adults residing at the service address for the prior year. I agree to inform Island Energy if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I will be required to pay back the discount I received. Qualified applicants agree to follow Island Energy's Tariff and all conditions of the rate schedule.

Customer Signature _____ Date _____