

PUBLIC UTILITY DISTRICT #1 OF CLALLAM COUNTY

Application for low-income discount, please check one:
 SENIOR CITIZEN **DISABLED CITIZEN**

A household may receive *only one discount*, either Senior Citizen or Disabled Citizen.

ELIGIBILITY REQUIREMENTS:

SENIOR DISCOUNT: Applicant must be 62 years of age or older. Verification is required, i.e. Washington State I.D. or driver's license. Applicant's total combined household income must be at or below 250 percent of the federally established poverty level, as verified by your federal tax return.

DISABLED DISCOUNT: Applicant's total combined household income must be at or below 125 percent of the federally established poverty level, as verified by your federal tax return. Verification of Disability is also required, please see reverse side.

CONDITIONS:

- The utility service must be in applicant's name.
- Applicant's primary residence must be in the District's service area.
- Reapplication is necessary to maintain eligibility. The District will notify customers of the required reapplication in April 2023. Failure to meet the reapplication requirement will result in removal from the discount program.

PLEASE PRINT:

NAME: _____ PUD ACCOUNT #: _____

SERVICE ADDRESS: _____ SOC SEC #: _____

MAILING ADDRESS: _____ PHONE #: _____

(If different) _____

DRIVER'S LICENSE # (or WA State ID#): _____ BIRTHDATE: _____

DISABLED DISCOUNT ONLY: Number of Persons in the Household: _____

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____

PROOF OF INCOME IS REQUIRED: please see reverse side for Income Worksheet.

I hereby certify that the above information is true and correct to the best of my knowledge. My primary residence is served by the District. I agree to provide the requested documentation to the District. I understand that any discounts offered by the District are for residential use only and will be given as a credit on my monthly bills. I further understand that a fraudulent application for any discount will result in my immediate removal from the discount program as well as a maximum of one year's discount charged to my account.

DATE: _____

SIGNATURE: _____

Please continue to other side

INCOME WORKSHEET
BASED ON TOTAL ANNUAL HOUSEHOLD INCOME

In order to process your application for District-sponsored programs it will be necessary to supply additional income information. This information is strictly confidential and will be used for the sole purpose of verifying eligibility for participation in District-sponsored programs.

INSTRUCTIONS:

- Fill out the front side of this application page, along with the Income Worksheet below.
- Attach copies of supporting documents for each amount you list below.
- Return all paperwork to the District office in your service area.

TOTAL ANNUAL HOUSEHOLD INCOME: This includes combined income of applicant and spouse or co-tenants living in the household. Please give the total amount for each item in the 12-month period. A copy of your federal tax return is required.

Unemployment Compensation	\$ _____	Pensions & Annuities Retirement Benefits	\$ _____
Salary & Wages	\$ _____	Social Security Benefits	\$ _____
DSHS Benefits	\$ _____	Interest and Dividends	\$ _____
L&I Benefits	\$ _____	Other: _____	\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME:			\$ _____

Verification of Disability:

Customers who receive Supplemental Security Income (SSI) from the U.S. Department of Human and Health Services or the State of Washington General Assistance-Unemployable (GA-U) Program due to a disability may call 1-877-980-9180 or 360-565-2180 and request a copy of their eligibility verification. The verification will be sent directly to the customer and copy must be attached to the customer's Application for Disabled Citizen Discount.

NOTE: Any customer who has applied for a Senior or Disabled Citizen Discount and who has received a Notice of Ineligibility from the District has the right to request, in writing within ten (10) days of receiving such notice, a review of the District's decision. The District's Hearing Officer shall review the decision within thirty (30) days of receipt of the request.

----- **FOR OFFICE USE ONLY** -----

Application Processed By: _____ Approved _____ Disapproved _____

Date: _____ Senior Disc. Rate: _____ Disabled Disc. Rate: _____

*Send completed application to Finance Coordinator after processing.