

PUBLIC UTILITY DISTRICT NO. 1 OF CLALLAM COUNTY 2010 APPLICATION FOR LOW-INCOME DISABLED DISCOUNT

ELIGIBILITY REQUIREMENTS AND CONDITIONS:

- 1) Applicant's primary residence must be in the District's service area.
- 2) The utility service must be in applicant's name.
- 3) Applicant's total combined household income must be at or below 125 percent of the federally established poverty level.
- 4) An annual reapplication is necessary to maintain eligibility. The District will notify customers of the required reapplication.
- 5) A household may receive only one discount, either Senior or Disabled.

Is your primary residence served by the District? Yes___ No___

Are you interested in participating in any of the following District Programs:

Average Payment Plan? Yes___ No___

Electronic Funds Transfer? Yes___ No___

Recurring Credit Card Payment? Yes___ No___

Are you, or any other person living in your household, currently receiving a PUD Senior or Disabled Citizen Discount? Yes___ No___

Number of Persons in the Household _____

PLEASE PRINT:

Name _____ Birth Date: _____

Address _____ Driver's License or ID: _____

_____ Phone No: _____

Social Security No: _____ PUD Account No: _____

TOTAL ANNUAL Household Income: \$ _____

PROOF OF INCOME IS REQUIRED; see reverse side for Income Worksheet

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

DATE _____ **SIGNATURE** _____

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

1) Processed by _____ Disapproved___ Approved___ Rate_____ Date_____

2) Records Department
Disabled Discount Application

**INCOME WORKSHEET
BASED ON TOTAL ANNUAL HOUSEHOLD INCOME**

In order to process your application for District-sponsored programs in a timely manner, 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 have listed**). 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. An income information sheet to assist in identifying what qualifies as income will be provided upon request.

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 a copy must be attached to the customer's Application for Disabled Citizen Discount. Customers who qualify for special parking privileges may provide the District with their parking permit number, plate number or decal number. This information will then be verified by the District through the Disabled Parking Office in Olympia.

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.