

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	\$14,713
2 people.....	\$19,913
3 people.....	\$25,113
4 people.....	\$30,313

For each additional person in your household, add \$5,200 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.