



# Neighbors in Need Grant Application

Residential customers experiencing financial hardship and in need of emergency energy assistance may qualify for up to a \$250 grant based on income levels (one per household every two years). The Neighbors in Need Program is funded by Pend Oreille PUD customers and employees.

Do you think your total annual household income meets the levels below?  Yes  No

Is the account in your name and your primary residence?  Yes  No

Is your service eligible for disconnection due to non-payment?  Yes  No

**If you answered yes to all questions above, please complete the below application.**

## Applicant Information *(Account must be in the name of the applicant):*

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Service Address: \_\_\_\_\_ Unit/Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal property owner (if renting): \_\_\_\_\_ Telephone: \_\_\_\_\_

## Applicant Income Verification

Total household combined income, from all sources (including that of spouse or co-tenant), shall be no higher than the greater of 80% of area median household income (AMI) or 200% of the federally established poverty level, adjusted for household size, for the prior calendar year.

**Designate your Income Level, by checking the applicable box in the table to the right indicating the number of persons in your household along with the corresponding maximum income threshold.**

Applicant must provide proof of income (such as W-2 forms, 1040 tax forms, Social Security information, and/or bank statement showing direct deposit or retirement check stubs).

Qualifying applicants will receive a maximum of a \$250 grant or the total amount owed (prior to co-pay), whichever is less. Grants are applied to customers' accounts in the form of a credit. Grants will NOT cover reconnect fees, collection fees or deposit.

### Income Levels

# of Persons in Household	Income Limit	Check One
1	\$50,400	<input type="checkbox"/>
2	\$57,600	<input type="checkbox"/>
3	\$64,800	<input type="checkbox"/>
4	\$72,000	<input type="checkbox"/>
5	\$77,800	<input type="checkbox"/>
6	\$83,920	<input type="checkbox"/>
7	\$94,680	<input type="checkbox"/>
8	\$105,440	<input type="checkbox"/>
9 or more*	See below	<input type="checkbox"/>

\*Add \$10,760 for each person in household over 8 persons.

BY SIGNING BELOW, APPLICANT CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND HAS SUPPLIED REQUIRED PROOF OF INCOME. TO SHOW GOOD FAITH IN ACCEPTING THE GRANT, APPLICANT AGREES TO PAY A CO-PAY TO BRING THE ACCOUNT BALANCE CURRENT OR A MINIMUM OF \$50.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pend Oreille PUD Use ONLY: Grant Amount \$ \_\_\_\_\_ Co-Pay Amount \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Total Past Due Amt \$ \_\_\_\_\_ Total Amt Due \$ \_\_\_\_\_ Date of Last NIN Grant: \_\_\_\_\_

ID & Income verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered in iVue by: \_\_\_\_\_ Date: \_\_\_\_\_

Rev Date: \_\_\_\_\_