	Low Income Senior Discount Application							
PLAND CAREALIAN	PUD Residential Electric Customers, based on income levels & age at time of application, may qualify to receive a \$10.00 monthly Service Availability Charge discount (one per account).							
	Is the	utility service ir Aı	ousehold income meets the levels below ? In your name and your primary residence? The you currently 65 years of age or older? Ons above, please complete the below	 Yes Yes No Yes No Yes No 				
Applicant Information (Account must be in the name of the applicant):								
First Name:	М	.I. L	ast Name:					
Date of Birth*:	(*Must be 65 years of age or older at time of application – proof required).							
Telephone:	En	nail:						
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).

9 or more*See below□*Add \$10,760 for each person in
household over 8 persons.

Income Levels

Income

Limit

\$50,400

\$57,600

\$64,800

\$72,000

\$77,800

\$83,920

\$94,680

\$105,440

Check

One

 \square

 \square

of

Persons in

Household

1 2

3

4

5

6

7

8

Applicants are required to re-verify eligibility upon request.

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 AND AGE VERIFICATION DOCUMENTATION.

Applicant Signature:			Date:	
Pend Oreille PUD Use ONLY:				
Account Number:				
Applicant Age & Income Verified by:		Date:		
Approved by:	Date:			
Entered in iVue by:	Date:			Rev Date: 4/1/2025