



# Low Income Senior Discount Application

PUD Residential Electric Customers, based on income/Federal Poverty Level (FPL) & age at time of application, may qualify to receive a \$5.00 monthly Service Availability Charge discount (one per account).

Do you think your total annual household income is at or below 150% FPL ?  Yes  No  
Is the utility service in your name and your primary residence?  Yes  No  
Are you currently 65 years of age or older?  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: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ *(\*Must be 65 years of age or older at time of application – proof required).*

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 income, from all sources (including that of spouse or co-tenant), shall be 150% or less of the current Federal Poverty Level Guidelines.

**Designate your Federal Poverty 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).

Applicants are required to re-verify eligibility upon request.

Table Source: [2024 Federal Poverty Levels \(Effective Jan 12, 2024\)](#)

### Federal Poverty Levels

# of Persons in Household	150% of 2024 FPL	Check One
1	\$20,783	<input type="checkbox"/>
2	\$28,207	<input type="checkbox"/>
3	\$35,632	<input type="checkbox"/>
4	\$43,056	<input type="checkbox"/>
5	\$50,480	<input type="checkbox"/>
6	\$57,905	<input type="checkbox"/>
7	\$65,329	<input type="checkbox"/>
8	\$72,754	<input type="checkbox"/>
9 or more*	See below	<input type="checkbox"/>

\*Add \$5,380 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 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: \_\_\_\_\_