

**SKAMANIA COUNTY PUD
PO BOX 500, CARSON WA 98610
(509) 427-5126 or (800) 922-5329**

**APPLICATION FOR SPECIAL ELECTRIC REBATE
Rebate for Persons of Seniority and/or with Disabilities
2019-2020**

This application is for a special electric bill rebate for qualifying low-income person of Seniority and/or a person of Disabilities. Persons who qualify in both categories may receive only one rebate, and only one rebate is allowed per account or household.

Person of Seniority: To be eligible, you must be 62 years of age or older on January 1, 2019. You must be the head of household. The account must be in your name or your spouse's name. Income is considered income from all sources, including wages, social security payments, interest, dividends, rents, royalties, welfare payments, rent subsidies, disability payments, retirement plans or any other source. You will receive a rebate according to the rebate schedule listed below. Proof of income is required.

Person of Disabilities: To be eligible, you must be the head of household. The account must be in your name, or your spouse's name. Income is considered income from all sources, including wages, social security payments, interest, dividends, rents, royalties, welfare payments, rent subsidies, disability payments, retirement plans or any other source. You must be classified as a person of disability by a copy of your Social Security Administration Notice of Award for Disability, or a current disabled persons parking license or tag permit. Proof of income is required.

**PERSONS RESIDING IN
HOUSEHOLD**

HOUSEHOLD POVERTY GUIDELINES

	<u>100%</u>	<u>125%</u>	<u>150%</u>	<u>190%</u>
1	12,490	15,613	18,735	23,731
2	16,910	21,138	25,365	32,129
3	21,330	26,663	31,995	40,527
4 or more	25,750	32,188	38,625	48,925
REBATE	40%	30%	20%	15%

MAXIMUM TOTAL REBATE = \$350.00

Name _____

Address _____

Phone Number _____ Birth Date: _____ Age: _____

PUD#1 Customer Number _____ On Budget Plan? Yes _____ No _____

Disability Tag # _____ Disability Award Letter _____

Total 2019 Household Income _____ Number in Household _____

I hereby certify that the above information is true and correct to the best of my knowledge. I agree to provide the documentation listed above to the PUD. I understand that the rebate will be given in accordance with the above schedule, as calculated from my Dec/ Jan 2019/2020 and Feb/March 2020 billings (approximating a four-month period) and is for residential use only. I further understand that the rebate will be applied as a credit on my account and will show up on my February or March 2020 bill.

Signature

Date