

Outside Agencies Initials _____

For Office Use Only # _____

**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
2016-2017**

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, 2016. 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.

HOUSEHOLD INCOME % of POVERTY LEVEL	1 PERSON	2 OR MORE	REBATE
100%	\$ 0 - \$11,880	\$ 0 - \$16,020	40%
125%	\$11,881 - \$14,850	\$16,021 - \$20,025	30%
150%	\$14,851 - \$17,820	\$20,026 - \$24,030	20%
190%	\$17,821 - \$22,572	\$24,031 - \$30,438	15%

MAXIMUM TOTAL REBATE = \$240.00

Name _____

Address _____

Phone Number _____ Birth Date: _____ Age: _____

PUD#1 Customer Number _____

Disability Tag # _____ Disability Award Letter _____

Total 2015 Household Income _____ Number in Household _____

Are You On The Budget Payment Plan? Yes _____ No _____

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 2016/2017 and Feb/March 2017 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 2017 bill.

Signature _____

Date _____