



Low-Income Program Application Instructions and Required Documents

In order for Jefferson County PUD to consider your application for Low Income Program benefits, please provide copies of the documents listed below along with a completed Low Income Program Application. Incomplete applications will not be processed. For questions, contact Customer Service by calling (360) 385-5800. Mail completed applications along with accompanying documents to:

JPUD LOW INCOME PROGRAM
310 Four Corners Rd
Port Townsend, WA 98368

Identification:

- Photo ID for ALL household members 18 or older
- Verification of ALL children living in the household (one of the following)
 - Social security card
 - Photo ID (School ID, state ID, driver's license, or passport)
 - Medical card
 - Birth certificate

Social Security number verification:

- Required for ALL household members (one of the following)
 - Social security card
 - Medical, legal, tax, or education document displaying name and full social security number

Income:

- Verification of Income for ALL household members for the four months prior to your appointment
 - Earned Income – Previous three month's paystubs
 - Unemployment – Printouts or Stubs
 - Statement of Income Form
 - Copy of Prior Year's Taxes (1040, including W-2s)
 - SSI Social Security, VA Benefits, or Pension – Determination letter or Bank statements
 - TANF or ABD – Determination letter or DSHS statements
 - Child support received or paid – DSHS statement or processed check copies

***Primary applicant must be a responsible party on the PUD account that will be billed at the reduced low-income rate.



Low Income Program Application

PUD Account Number(s)

Electric _____ Water _____ Sewer _____

Low-Income Customers:

A "low-income customer" is a PUD utility customer who meets the requirements as set forth in section 10.6 of the Jefferson County PUD Customer Service Policy.

Last Name (Primary account holder)		First Name		MI	Phone	
Service Address				City		Zip
Mailing Address (if different)			City		State	Zip
Time at service address Years _____ Months _____		<input type="checkbox"/> I have been at this address for at least 12 months and would like more information about Budget Billing				
Primary – Gross income for the previous three months						
Social Security No.		DOB (mm/dd/yyyy)		Source of Income		
Gross Income – First Month		Gross Income – Second Month		Gross Income – Third Month		
<input type="checkbox"/> Rent <input type="checkbox"/> Own		Income/Benefits <input type="checkbox"/> SSI <input type="checkbox"/> VA <input type="checkbox"/> Earned Income <input type="checkbox"/> Child support <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> UI Comp <input type="checkbox"/> GA/ABD <input type="checkbox"/> Military <input type="checkbox"/> Self Employed <input type="checkbox"/> Other				
Secondary/ 18 and older– Gross income for the previous three months						
Last Name (Secondary account holder)		First Name		MI	Phone	
Social Security No.		DOB (mm/dd/yyyy)		Source of Income		
Relationship to Primary:		Income/Benefits <input type="checkbox"/> SSI <input type="checkbox"/> VA <input type="checkbox"/> Earned Income <input type="checkbox"/> Child support <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> UI Comp <input type="checkbox"/> GA/ABD <input type="checkbox"/> Military <input type="checkbox"/> Self Employed <input type="checkbox"/> Other				
Gross Income – First Month		Gross Income – Second Month		Gross Income – Third Month		

Additional Household Member 18 and older– Gross income for the previous three months				
Last Name		First Name	MI	Phone
Social Security No.		DOB (mm/dd/yyyy)		Source of Income
Relationship to Primary:	Income/Benefits			
	<input type="checkbox"/> SSI	<input type="checkbox"/> VA	<input type="checkbox"/> Earned Income	<input type="checkbox"/> Child support
	<input type="checkbox"/> TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension	<input type="checkbox"/> UI Comp
	<input type="checkbox"/> GA/ABD	<input type="checkbox"/> Military	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Other
Gross Income – First Month		Gross Income – Second Month		Gross Income – Third Month
Additional Household Member 18 and older– Gross income for the previous three months				
Last Name		First Name	MI	Phone
Social Security No.		DOB (mm/dd/yyyy)		Source of Income
Relationship to Primary:	Income/Benefits			
	<input type="checkbox"/> SSI	<input type="checkbox"/> VA	<input type="checkbox"/> Earned Income	<input type="checkbox"/> Child support
	<input type="checkbox"/> TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension	<input type="checkbox"/> UI Comp
	<input type="checkbox"/> GA/ABD	<input type="checkbox"/> Military	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Other
Gross Income – First Month		Gross Income – Second Month		Gross Income – Third Month

*Please attach separate sheet for additional household members

This claim is subject to audit: Any person willfully giving false information on this application shall be subject to the perjury laws of the State of Washington. Any exemption granted through erroneous information provided by the applicant, shall: be subject to the correct fee being assessed, plus a 100 percent penalty.

Appeal on Denial of Claim: If the applicant does not meet the qualification as provided by the District guidelines, the applicant may request an appeal hearing as set forth in section 12.2 of the Jefferson County PUD No. 1 Customer Service Policy.

I certify under penalty of perjury under the laws of the State of Washington that all information I have provided in order to apply for the PUD No. 1 of Jefferson County’s Rate Reduction Program is true, complete and correct.

Applicant Signature	Date	Co-Applicant Signature	Date
---------------------	------	------------------------	------

Additional Household Member 18 and older– Gross income for the previous three months			
Last Name	First Name	MI	Phone
Social Security No.	DOB (mm/dd/yyyy)	Source of Income	
Relationship to Primary:	Income/Benefits		
	<input type="checkbox"/> SSI	<input type="checkbox"/> VA	<input type="checkbox"/> Earned Income
	<input type="checkbox"/> TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension
	<input type="checkbox"/> GA/ABD	<input type="checkbox"/> Military	<input type="checkbox"/> Self Employed
			<input type="checkbox"/> Child support
			<input type="checkbox"/> UI Comp
			<input type="checkbox"/> Other
Gross Income – First Month	Gross Income – Second Month	Gross Income – Third Month	
Additional Household Member 18 and older– Gross income for the previous three months			
Last Name	First Name	MI	Phone
Social Security No.	DOB (mm/dd/yyyy)	Source of Income	
Relationship to Primary:	Income/Benefits		
	<input type="checkbox"/> SSI	<input type="checkbox"/> VA	<input type="checkbox"/> Earned Income
	<input type="checkbox"/> TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension
	<input type="checkbox"/> GA/ABD	<input type="checkbox"/> Military	<input type="checkbox"/> Self Employed
			<input type="checkbox"/> Child support
			<input type="checkbox"/> UI Comp
			<input type="checkbox"/> Other
Gross Income – First Month	Gross Income – Second Month	Gross Income – Third Month	
Additional Household Member 18 and older– Gross income for the previous three months			
Last Name	First Name	MI	Phone
Social Security No.	DOB (mm/dd/yyyy)	Source of Income	
Relationship to Primary:	Income/Benefits		
	<input type="checkbox"/> SSI	<input type="checkbox"/> VA	<input type="checkbox"/> Earned Income
	<input type="checkbox"/> TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension
	<input type="checkbox"/> GA/ABD	<input type="checkbox"/> Military	<input type="checkbox"/> Self Employed
			<input type="checkbox"/> Child support
			<input type="checkbox"/> UI Comp
			<input type="checkbox"/> Other
Gross Income – First Month	Gross Income – Second Month	Gross Income – Third Month	
Additional Household Member 18 and older– Gross income for the previous three months			
Last Name	First Name	MI	Phone
Social Security No.	DOB (mm/dd/yyyy)	Source of Income	
Relationship to Primary:	Income/Benefits		
	<input type="checkbox"/> SSI	<input type="checkbox"/> VA	<input type="checkbox"/> Earned Income
	<input type="checkbox"/> TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension
	<input type="checkbox"/> GA/ABD	<input type="checkbox"/> Military	<input type="checkbox"/> Self Employed
			<input type="checkbox"/> Child support
			<input type="checkbox"/> UI Comp
			<input type="checkbox"/> Other
Gross Income – First Month	Gross Income – Second Month	Gross Income – Third Month	