



2020 COWLITZ PUD SENIOR / DISABLED DISCOUNT RATE APPLICATION

REQUIREMENTS:

- Income Qualified **AND**
- Age 62 or Older (By 12/31/20) **OR**
- Permanent Disability

PROGRAM ASSISTANCE:

- 15% Discount up to 175% of FPL
- 25% Discount up to 125% of FPL

APPLICATION PERIOD:

- July 7th – October 30th

APPOINTMENT DATES:

- July 21st – November 30th

APPLICATION PROCESS:

- ✓ Call CAP to schedule your appointment
- ✓ Complete sections 1 & 2 of the application
- ✓ Sign Authorization to Release Utility Information Form (if not on file)
- ✓ Sign Letter of Representation (if applicable)
- ✓ Gather ALL required documents before your appointment
- ✓ Attend appointment to determine eligibility

FAMILY SIZE	DISCOUNTED RATE GROSS INCOME LIMITS			
	SDDR 25%		SDDR 15%	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY
1	\$ 15,950.00	\$ 1,329.00	\$ 22,330.00	\$ 1,861.00
2	\$ 21,550.00	\$ 1,796.00	\$ 30,170.00	\$ 2,515.00
3	\$ 27,150.00	\$ 2,263.00	\$ 38,010.00	\$ 3,168.00
4	\$ 32,750.00	\$ 2,729.00	\$ 45,850.00	\$ 3,821.00
5	\$ 38,350.00	\$ 3,196.00	\$ 53,690.00	\$ 4,475.00

MY APPOINTMENT:

DATE:	
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TIME:	
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CONTACT INFORMATION:

COWLITZ PUD	
PHONE:	360.423.2210
EMAIL:	customerservice@cowlitzpud.org
WEBSITE:	www.cowlitzpud.org
ADDRESS:	961 12th Avenue, Longview

CAP	
PHONE:	360.425.3430 Ext. 231
ADDRESS:	1526 Commerce Ave., Longview

***Businesses are not eligible for the Discounted Rate Program**



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Appendix – A

INCOME: Something that provides a regular supply of money, such as employment, investments or a pension.

SOURCES OF INCOME:

EARNED:

- Wages and salaries
- Business income (self-employment)

INVESTMENT:

- Dividends
- Interest (that can be withdrawn)
- Capital gains
- Rental income

RETIREMENT:

- Social Security Retirement
- IRA / 401k payouts
- Pension and Annuities

GOVERNMENT:

- Unemployment
- Social Security Disability (SSD)
- Supplemental Security Income (SSI)

OTHER:

- Alimony
- Long term disability benefits

INCOME NOT INCLUDED:

- Gifts and inheritances
- Life insurance proceeds
- Child support
- Dependent benefits
- Veteran benefits
- Insurance reimbursements
- Legal settlements
- Workers' compensation
- Scholarships and grants



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Please complete the information below and bring the required documents to your appointment. **INCOMPLETE APPLICATIONS WILL REQUIRE A FOLLOW UP APPOINTMENT.**

SECTION 1 – CUSTOMER INFORMATION			
Name:		Phone:	
Address:		Account #:	
HOUSEHOLD VERIFICATION			
How many are in your household?		How many are under age 18?	
<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
MONTHLY HOUSEHOLD INCOME (for all household members over 18)			
Monthly Gross Income	\$	Refer to 'Appendix A' for all income types	
<input type="checkbox"/>	Most Recent Tax Return (if filed)	<input type="checkbox"/>	2020 Benefits Statement(s) if on SSD/SSI
** Please contact CAP prior to your appointment date if you have questions regarding what income documents to bring **			
AUTHORIZATION			
<input type="checkbox"/>	Authorization to Release Utility Information to CAP	Sign at PUD (if not on file)	
<input type="checkbox"/>	Letter of Representation (if applicable)	Sign at PUD (if not on file)	
SECTION 2 – OTHER PROGRAM REQUIRED DOCUMENTS			
AGE AND DISABILITY VERIFICATION			
<input type="checkbox"/>	Government Issued ID (provide proof of identity at each appointment)		
<input type="checkbox"/>	Parking Permit ID Card, Social Security Disability Award Letter OR Physician's Certification (attached)		
I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT. I UNDERSTAND AND AGREE TO THE TERMS OF THE DISCOUNTED RATE PROGRAM AND THAT THEY ARE SUBJECT TO CHANGE TO ADHERE TO COWLITZ PUD POLICIES. TO REVIEW CURRENT POLICIES PLEASE REVIEW OUR WEBSITE.			
Signature:			Date:
SECTION 3 – AGENCY CERTIFICATION			
TO BE COMPLETED BY CAP AGENT			
Customer Qualified: <input type="checkbox"/> YES <input type="checkbox"/> NO		Discount Rate: <input type="checkbox"/> 15% <input type="checkbox"/> 25%	
WE HAVE REVIEWED THE TOTAL ANNUAL HOUSEHOLD INCOME, BASED ON FAMILY SIZE, IS THE AMOUNT LISTED WITHIN THE APPLICATION, WHICH IS 175% OR LESS OF THE FEDERALLY ESTABLISHED POVERTY GUIDELINES AND THE APPLICANT IS 62 OR OLDER OR DISABLED. I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT AND I AM AN AUTHORIZED SIGNATORY OF THE AGENCY.			
Name/Title:			Date: