

2026 LOW-INCOME SENIOR DISCOUNT APPLICATION

Qualified Benton PUD customers may receive a 10%, 15% or 25% monthly discount, or the equivalent of the daily system charge (whichever is greater), based on their total annual household income <u>and</u> the age of themselves or a household member. Only one discount per customer is allowed and will be applied to the residence where the senior resides.

The original application must be returned to Benton PUD for processing. Once the application is received by Benton PUD, the discount will go into effect on the first day of the customer's next billing period. An application, age verification and income verification are required every three years, or upon request of the District, to receive the monthly discount. If your income declines within the three-year period, please contact us to determine if you are eligible for a higher discount.

Step 1: ELIGIBILITY

Age

Customer, or household member, must be at least 62 years of age.

Low-Income Qualification

A Benton PUD customer, or household member, may earn a TOTAL ANNUAL HOUSEHOLD INCOME of 225% or less of the Federally Established Poverty Guidelines, from all sources, for a year (see Step 3 for requirements).

	10% Discount	15% Discount	25% Discount
Size of family	Up to 225% of Poverty Level	Up to 200% of Poverty Level	Up to 150% of Poverty Level
1	\$35,213	\$31,300	\$23,475
2	\$47,588	\$42,300	\$31,725
3	\$59,963	\$53,300	\$39,975
4	\$72,338	\$64,300	\$48,225
5	\$84,713	\$75,300	\$56,475
6	\$97,088	\$86,300	\$64,725
7	\$109,463	\$97,300	\$72,975
8	\$121,838	\$108,300	\$81,225

Step 2: CUSTOMER AND APPLICANT INFOR	MATION	
Customer Name		
Customer Address	City	State, Zip
Benton PUD Account No.	Phone	No.
Name of senior household member (referred	to as "Applicant") wl	ho resides with Customer
Relationship to Customer		
Step 3: INCOME & AGE VERIFICATION		
To have your income verified, please go to Co	ommunity Action Con	nections (CAC) located in
Pasco at 720 W. Court Street or in Prosser at	•	• •
509-545-4065 in Pasco or 509-786-3379 in Pa		
an authorized government agency.		•
Community Action Connections requires the VERIFICATION FOR ALL PERSONS BEING INC.	_	•
BE PROVIDED TO CAC		
One of the following: A copy of a bank	c statement(s) showing	g a direct deposit of a Social
Security or pension benefit(s) or other		-
copy of a Social Security check(s); AND	•	
• One of the following: A copy of a Social		locument with Social Security
number(s) and name(s) included; AND	, , , ,	
• One of the following: Proof of Date of	Rirth (Birth Certificate	e or WA ID): AND
• Two of the following: Proof of address	•	• •
Two of the following) (Dilver 5 License,	TID OF Genicy Sin,
To be filled out by CAC or authorized agency:		
Customer, or household member's Age		
Number of persons in household (including A		
Total Annual Household Income \$		
We have verified that the total household inc	come, based on family	size. is 225% or less of the
Federally Established Poverty Guidelines.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
•	Phone No.	Date
Agency NameAgency Address	Citv	State Zip
I hereby certify that the foregoing informatio	on is correct, and I am	an authorized signatory of
the agency.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	wii. www
By	Title	Date
	116.6	
Step 4: SIGNATURE		
Applicant's Signature		Date
The original application must be return	ned to Benton PUD fo	r processing. Thank you.
BPUD use only:		
	25% Discount	
Entered by		