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 and 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).

<table>
<thead>
<tr>
<th>Size of family</th>
<th>10% Discount Up to 225% of Poverty Level</th>
<th>15% Discount Up to 200% of Poverty Level</th>
<th>25% Discount Up to 150% of Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$28,710</td>
<td>$25,520</td>
<td>$19,140</td>
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<tr>
<td>2</td>
<td>$38,790</td>
<td>$34,480</td>
<td>$25,860</td>
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<td>3</td>
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<td>$43,440</td>
<td>$32,580</td>
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<td>4</td>
<td>$58,950</td>
<td>$52,400</td>
<td>$39,300</td>
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<td>5</td>
<td>$69,030</td>
<td>$61,360</td>
<td>$46,020</td>
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<tr>
<td>6</td>
<td>$79,110</td>
<td>$70,320</td>
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<td>7</td>
<td>$89,190</td>
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</tr>
<tr>
<td>8</td>
<td>$99,270</td>
<td>$88,240</td>
<td>$66,180</td>
</tr>
</tbody>
</table>
Step 2: CUSTOMER AND APPLICANT INFORMATION

Customer Name ____________________________
Customer Address __________________________ City __________ State, Zip ________
Benton PUD Account No. ____________________ Phone No. ____________________
Name of senior household member (referred to as “Applicant”) who resides with Customer
________________________________________________________________________
Relationship to Customer ____________________________________________________________________________

Step 3: INCOME & AGE VERIFICATION

To have your income verified, please go to Community Action Connections (CAC) located in Pasco at 720 W. Court Street or in Prosser at 424 6th Street, Suite 2. They can be reached at 509-545-4065 in Pasco or 509-786-3379 in Prosser. Income verification may also be provided by an authorized government agency.

Community Action Connections requires the following information to verify income:

VERIFICATION FOR ALL PERSONS BEING INCLUDED IN THE TOTAL HOUSEHOLD INCOME MUST BE PROVIDED TO CAC

- One of the following: A copy of a bank statement(s) showing a direct deposit of a Social Security or pension benefit(s) or other form of income, a benefit or award letter(s), or a copy of a Social Security check(s); AND
- One of the following: A copy of a Social Security card(s) or document with Social Security number(s) and name(s) included; AND
- One of the following: Proof of Date of Birth (Birth Certificate or WA ID); AND
- Two of the following: Proof of address (Driver's License, WA ID or utility bill)

To be filled out by CAC or authorized agency:
Customer, or household member’s Age ________ Birth date ________
Number of persons in household (including Applicant) ____________________________
Total Annual Household Income $ ____________________________

We have verified that the total household income, based on family size, is 225% or less of the Federally Established Poverty Guidelines.

Agency Name ____________________________ Phone No. __________ Date __________
Agency Address __________________________ City __________ State ________ Zip ________

I hereby certify that the foregoing information is correct and I am an authorized signatory of the agency.
By ____________________________ Title ____________________________ Date __________

Step 4: SIGNATURE

Applicant’s Signature ____________________________ Date __________

The original application must be returned to Benton PUD for processing. Thank you.

BPUD use only:
[ ] 10% Discount [ ] 15% Discount [ ] 25% Discount
Entered by ____________________________ Date __________