



# 2026 LOW INCOME ENERGY CONSERVATION PROGRAM APPLICATION

Qualified Benton PUD customers may receive rebates for installing energy conservation measures in their home. In order for a home to qualify, it must be located within the Benton PUD service area, be heated primarily by electricity and be owned by the occupant. Please refer to the table in STEP 1 to determine your eligibility.

## Step 1: ELIGIBILITY

- Low Income Qualification
  - A Benton PUD customer, or household member, may earn a TOTAL ANNUAL HOUSEHOLD INCOME of 200% or less of the Federally Established Poverty Guidelines, from all sources, for the previous calendar year (see Step 3 for requirements).

| Size of family | 200% of Poverty Level |
|----------------|-----------------------|
| 1              | \$31,920              |
| 2              | \$43,280              |
| 3              | \$54,640              |
| 4              | \$66,000              |
| 5              | \$77,360              |
| 6              | \$88,720              |
| 7              | \$100,080             |
| 8              | \$111,440             |

Benton PUD referring agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 2: APPLICATION*****I do attest and affirm the following:***

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_

BPUD Account No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Number of persons in your household (including yourself) \_\_\_\_\_

Total Annual Household Income for 2025 \$ \_\_\_\_\_

*(Total Annual Household Income may not exceed 200% of the Federally Established Poverty Guidelines)***Step 3: INCOME VERIFICATION**

To have your income verified, please make an appointment to go to Benton Franklin Community Action Connections (CAC) located at 720 W. Court Street in Pasco, WA or 424 6th St, Ste 2, Prosser, WA 99350. They can be reached at 509-545-4065 (Pasco) or 509-786-3379 (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)

***We have verified that the total household income, based on family size, is 200 % 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: AFFIDAVIT**

***I swear under the penalties of either Civil or Criminal Perjury that all of the above statements (as marked) are true.***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Witness (please print) \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_