

Utility Bill Payment Assistance Application

Please select the program for which you are applying:

- **Discount Rate Program** * (Customers must be 62 years of age or older OR head of household or spouse of the head of household receiving qualifying disability income)
- **Bill Credit Assistance Plan** * (Available for customers not on the Discount Rate Program that meet the income eligibility)

* All programs are for single metered residential services and based on household income along with other criteria.

Section 1 Income Eligibility & Required Documentation

(If mailing documents, please send **copies**, not originals)

<p>If you need assistance completing this application, please call (253) 502-8400 or visit Customer Solutions at:</p> <p>3628 S. 35th St., Tacoma</p> <p>Walk-in hours: M-F, 10am – 3pm.</p> <p>Applications may be completed online at MyTPU.org/Assistance</p>	Number of People in Household	1	2	3	4	5	6
	Maximum	\$1,518	\$2,058	\$2,598	\$3,138	\$3,678	\$4,218
	Monthly Household Income	\$1,518	\$2,058	\$2,598	\$3,138	\$3,678	\$4,218
	<input type="checkbox"/> Government issued identification for all persons in the household 18 years and older: – State driver’s license/State identification card/Military Identification/Passport						
<input type="checkbox"/> Social Security card for each person living in the household or Certified Birth Certificate							
<input type="checkbox"/> Household income verification for three months prior to application submission date. (See Section 4 for examples of sources of income)							

Section 2 Contact Information

Street Address:	City:	Zip:
Mailing Address (if different):	City:	State: Zip
Contact preference: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Regular mail	Email:	
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Other _____	Primary phone number: ()	

Section 3 Household Member Information

Full name of each occupant (please print) <small>(Complete information for yourself and everyone living in the household)</small>	Social Security Number	Date of Birth	Receiving Disability Income? Yes/No	Military Veteran / Spouse of Veteran? Yes/No	Total Monthly Income
	/ /	/ /			\$
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

If you run out of space above: Please use a separate sheet of paper to list any additional household members along with the information above.

Section 4 Identify Sources of ALL Household Income

<p>Check all income sources that apply to your household.</p> <p>Submit copies of all income sources with application.</p>	Yes No			Yes No			Yes No				
	Wages/Paystubs	<input type="checkbox"/>		<input type="checkbox"/>	Social Security SSI/SSA/SSDI		<input type="checkbox"/>	<input type="checkbox"/>	Rental/Investment Property Income	<input type="checkbox"/>	<input type="checkbox"/>
	Retirement Pension	<input type="checkbox"/>		<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)		<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>
	Veterans Benefits	<input type="checkbox"/>		<input type="checkbox"/>	Aged/Blind/Disabled (ABD)		<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
	Labor & Industry (L&I)	<input type="checkbox"/>		<input type="checkbox"/>	Child Support		<input type="checkbox"/>	<input type="checkbox"/>	Tribal Per Capita	<input type="checkbox"/>	<input type="checkbox"/>
	IRA/Annuity	<input type="checkbox"/>		<input type="checkbox"/>	Alimony/Spousal Support		<input type="checkbox"/>	<input type="checkbox"/>	Monthly income from other sources	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the back of this application.



