



# Grant Application

## FOR ENERGY EFFICIENCY INCENTIVES

To qualify for grant funding, each household must complete this application in addition to an "Owner-Occupied" application. Sign this completed form and submit it with required identification AND documentation for all household members. See page 2 for details.

### OWNER INFORMATION

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Do you make monthly mortgage payments on this property? Yes  No

Total number of people living in the household (select one): 1 2 3 4 5 6 7 8 9 10

List all people living in the household		Month 1	Month 2	Month 3
Name (Last, First)	Date of Birth	Total Income	Total Income	Total Income

If needed, use a separate sheet of paper to list additional occupants. Please see reverse side of this application for a list of acceptable documentation.

### Identify Sources of ALL Household Income

	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 <b>other sources</b>	<input type="checkbox"/>	<input type="checkbox"/>

### SIGNATURE & ACKNOWLEDGEMENT

By signing below, I swear under penalties of civil and criminal perjury that all information provided with this Grant Application is true and accurate to the best of my knowledge and belief. I understand this Grant Application is subject to the Terms and Conditions of the Owner Occupied application. I have included ALL sources of my entire household's income on this form. If I have provided inaccurate information which results in receipt of assistance I am not eligible for, I will be required to repay Tacoma Power in full for any assistance I received. I give my permission for Tacoma Power to request information from, or release information to, other organizations that may result in additional benefits. I may also be denied benefits if the information I provide Tacoma Power conflicts with information received from other organizations.

Owner's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Grant request valid for 6 months from date of signature**

## REQUIRED DOCUMENTATION

Proof of identity/existence and income are required. All documentation must be legible. Altered legal documents will not be accepted. Acceptable forms of documentation are listed below. Tacoma Power may request additional documentation to determine income eligibility.

<input type="checkbox"/> For each household member, provide copies of one of the following:  <b>Adult 18 years and older</b> <ul style="list-style-type: none"> <li>• State ID or driver's license</li> <li>• US passport or passport card</li> <li>• Military ID or dependent ID card</li> <li>• Tribal membership card w/picture</li> <li>• US visa or resident alien card</li> <li>• Foreign passport</li> </ul> <b>Children under 18 years</b> <ul style="list-style-type: none"> <li>• State ID or driver's license</li> <li>• Birth certificate</li> <li>• State medical card</li> <li>• Social Security card</li> <li>• US passport or passport card</li> <li>• Military dependent ID card</li> <li>• Tribal membership card w/picture</li> <li>• US visa or resident alien card</li> <li>• School or daycare record</li> <li>• Pension</li> </ul>	<input type="checkbox"/> For each household member <b>with income</b> , provide the following documents that apply: <ol style="list-style-type: none"> <li>1. Pay stubs for the 3 complete consecutive months prior to the signature date on this form (for example, if signed May 15, submit February, March and April). <b>If unable to provide, submit ONE of the following documents:</b> <ol style="list-style-type: none"> <li>a. A copy of the Response to a Self-Request for Records provided by the Employment Security Department</li> </ol> <p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"> <li>b. WIA001 Eligibility and Claim Data Report Form from WorkSource</li> </ol> </li> <li>2. Current year: Social Security, VA or TANF award letter</li> <li>3. Bank statements for previous 3 months if direct deposit of SSI, SSA or VA benefits</li> <li>4. Proof of child support</li> <li>5. Any other source of income for daily expenses</li> </ol>	<input type="checkbox"/> For each household member 18 years of age and older <b>with zero or unreported income</b> , provide the following: <ul style="list-style-type: none"> <li>• Completed Declaration of Zero/Unreported Income</li> <li>• <b>A copy of the Response to a Self-Request for Records</b> provided by the Employment Security Department</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• WIA001 Eligibility and Claim Data Report Form from WorkSource</li> </ul>
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## INCOME QUALIFICATIONS

Household size	Maximum monthly pre-tax income*
1	\$2,410
2	\$3,152
3	\$3,893
4	\$4,634
5	\$5,376
6	\$6,118
7	\$6,343
8	\$7,063
9	\$7,783
10	\$8,195

\*Income qualifications are subject to change.  
Effective 3/1/2019