

For energy efficiency incentives

For income qualified programs each household must complete this Income Qualification Application. Sign this completed form and submit with required documentation for all household members, as listed on page 2.

HOUSEHOLD INFORMATION

Primary Applicant _____

Address _____ City _____ State _____ Zip _____

I am: the tenant the owner I have a monthly mortgage payment

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

Name (Last, First)	Date of birth	Month 1 Total income	Month 2 Total income	Month 3 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 <input type="checkbox"/> <input type="checkbox"/> Wages/Paystubs <input type="checkbox"/> <input type="checkbox"/> Retirement Pension <input type="checkbox"/> <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> <input type="checkbox"/> Labor & Industry (L&I) <input type="checkbox"/> <input type="checkbox"/> IRA/Annuity	Yes No <input type="checkbox"/> <input type="checkbox"/> Social Security SSI/SSA/SSDI <input type="checkbox"/> <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> <input type="checkbox"/> Aged/Blind/Disabled (ABD) <input type="checkbox"/> <input type="checkbox"/> Child Support <input type="checkbox"/> <input type="checkbox"/> Alimony/Spousal Support	Yes No <input type="checkbox"/> <input type="checkbox"/> Rental/Investment Property Income <input type="checkbox"/> <input type="checkbox"/> Self-Employment <input type="checkbox"/> <input type="checkbox"/> Unemployment <input type="checkbox"/> <input type="checkbox"/> Tribal Per Capita <input type="checkbox"/> <input type="checkbox"/> Monthly income from other sources
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SIGNATURE & ACKNOWLEDGMENT

By signing below, I swear under penalties of civil and criminal perjury that all information provided with this Income Qualification Application is true and accurate to the best of my knowledge and belief. 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 direct assistance I received (applies to owner-occupied properties only). 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.

Primary Applicant Signature _____ Date _____

Income qualification application 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.

For each household member, provide copies of one of the following:

Adult 18 years and older

- State ID or driver's license
- US passport or passport card
- Military ID or dependent ID card
- Tribal membership card w/picture
- US visa or resident alien card
- Foreign passport

Children under 18 years

- State ID or driver's license
- Birth certificate
- State medical card
- Social Security card
- US passport or passport card
- Military dependent ID card
- Tribal membership card w/picture
- US visa or resident alien card
- School or daycare record
- Pension

For each household member **with income**, provide the following documents that apply:

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).
2. Proof of current benefits received, for example: Social Security, Veterans Administration, Section 8, DSHS assistance (Dept. of Social and Health Services), TANF (Temporary Assistance for Needy Families), SSI (Supplemental Security Income)
3. Bank statements for previous 3 months if direct deposit of SSI, SSA or VA benefits
4. Proof of child support
5. Any other source of income for daily expenses

For each household member 18 years of age and older **with zero or unreported income**, provide the following:

- Completed Declaration of Zero/Unreported Income

INCOME QUALIFICATIONS

80% Area Median Income	
Household size	Maximum monthly pre-tax income*
1	\$4,740
2	\$5,413
3	\$6,093
4	\$6,767
5	\$7,313
6	\$7,853
7	\$8,393
8	\$8,933