Residential Utility Assistance Application

Programs are based on household income and other criteria. For more information, visit **MyTPU.org/Assistance**.



You must fully complete all areas of this application for us to process it.

PLEASE SELECT THE PROGRAM FOR WHICH YOU ARE APPLYING:

Discount Rate Program* (35% discount)

Customers must be 62 years of age or older OR head of household or spouse of head of household receiving qualifying disability income Bill Credit Assistance Plan (monthly bill credit)

Available for customers not on the Discount Rate Program that meet the income eligibility

Household Size	Discount Rate Program Maximum Monthly Household Income*	Household Size	Bill Credit Assistance Maximum Monthly Household Income *
1	\$2,666	1	\$3,555
2	\$3,045	2	\$4,060
3	\$3,428	3	\$4,570
4	\$3,806	4	\$5,075
5	\$4,114	5	\$5,485
6	\$4,418	6	\$5,890
***	· ·		· · · · · · · · · · · · · · · · · · ·

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

REQUIRED DOCUMENTS (if mailing documents, please send copies, not originals.) This application and the required documents are used to verify eligibility for assistance programs. *****We DO NOT report** or share information with Homeland Security.***

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

• Adult 18 years and older: Picture ID, such as State ID or driver's license/Passport/Military ID or dependent ID/Employment badge/etc.

• Children under 18 years: State ID or driver's license/birth certificate/state medical card/school or daycare record/etc.

• Household income verification for three months prior to application submission date. (See examples of sources of income on the back page.)

CONTACT INFORMATION

TPU Account Number Service Ac		dress	City		State	Zip
Contact Preference Phone Email Mail (USPS)		Email Primary Languag English		ge Other		
Primary phone number May we ser Yes		nd text messages to this number? (No	Message an	d data rates may a	apply.)	

MEMBER HOUSEHOLD INFORMATION

Full name of each occupant (Please print. Complete information for yourself and everyone living in the household)	Date of Birth	Receiving Disability Income? (Check if applicable)	Military Veteran? (Check if applicable)	Spouse of Veteran? (Check if applicable)	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.						

PLEASE COMPLETE THE BACK OF THIS APPLICATION.

Residential Utility Assistance Application

IDENTIFY SOURCES OF ALL HOUSEHOLD INCOME Submit copies of all income sources with your application.							
Wages/Paystubs	Retirement Pension	Veterans Benefits	Labor & Industry (L&I)				
IRA/Annuity	Social Security SSI/SSA/ SSDI	Temporary Assistance for Needy Families (TANF)	Child Support Received/Paid				
Alimony/Spousal Support	Rental/Investment Property Income	Self-Employment	Unemployment				
Tribal Per Capita	Monthly income from other sources	Aged/Blind/Disabled (ABD)	Workers Compensation				

TERMS AND CONDITIONS

I give Tacoma Public Utilities (TPU) permission to request information from government, tribal, or community agencies and authorize those agencies to share information related to any financial assistance I receive from them with TPU to determine my eligibility for utility assistance programs.

I understand that if I knowingly give TPU false, misleading, or incomplete information or if I violate TPU's Customer Services Policies or Tacoma Municipal Code, I may be rejected from participation in the TPU program, that TPU may recover from me any funds received or applied on my behalf and that I may be subject to other penalties (including criminal prosecution).

I also understand I will notify TPU of any changes, including change of address, household size, or income. If my power or water use is above average, I will allow TPU to access my home to identify potential conservation opportunities that may help reduce my utility bill.

Print name (as it appears on the utility invoice)		Signature		Date
Submit application and required copies to Office Cont		tact Information	Applications may be o	ompleted online at
Tacoma Public Utilities Customer Solutions Office	Walk-in Ho 8:30 a.m. t		MyTPU.org/Assistance	
3628 South 35th Street Tacoma WA 98409-3192	Phone Nur 253-502-8	nber: 600 (8 a.m. to 4 p.m.)		
	Fax Numb	er:		尚新生死的

RACIAL AND ETHNIC IDENTITY This information is only used to ensure equitable outreach in our community and does not determine eligibility. You may select more than one.						
White/Not Hispanic	Black/Not Hispanic	Hispanic/Latino	Asian			
Hawaiian/Other Pacific Islander	Native American/ Alaskan Native	Rather Not Say				

253-502-8906

HOW DID YOU HEAR ABOUT OUR PROGRAMS?					
Radio	Television	Newspaper	Utility Bill Insert		
Website	Friends	Social Media	Other		