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.

Discount Rate Program* (35% discount)		Bill Credit Assistance Plan (monthly bill credit)			
Customers must be 62 years of age or older OR head of household or spouse of head of household receiving qualifying disability income		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	\$2,825	1	\$3,763		
2	\$3,225	2	\$4,300		
3	\$3,629	3	\$4,838		
4	\$4,033	4	\$5,375		
5	\$4,354	5	\$5,808		
6	\$4,679	6	\$6,238		

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	N					
TPU Account Number Service Ac		ddress			State	Zip
Contact Preference Phone Email Mail (USPS)		Email		Primary Language English Other		
Primary phone number May we se Yes		end text messages to this number? (Message and data rates may apply.) No				
MEMBER HOUSEHOLD II	NFORMA	TION				

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

PLEASE COMPLETE THE BACK OF THIS APPLICATION.

information above.

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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/ Temporary Assistance for Child Support SSDI Needy Families (TANF) Received/Paid

Rental/Investment Self-Employment Unemployment Alimony/Spousal Support Property Income

Aged/Blind/Disabled (ABD) Tribal Per Capita Monthly income from other Workers Compensation

sources

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.

Signature

Print name (as it appears on the utility invoice)

Submit application and required copies to

Tacoma Public Utilities **Customer Solutions Office** 3628 South 35th Street Tacoma WA 98409-3192

Office Contact Information

Walk-in Hours: 8:30 a.m. to 4 p.m. Phone Number:

253-502-8600 (8 a.m. to 4 p.m.)

Fax Number: 253-502-8906 Applications may be completed online at

Date

MyTPU.org/Assistance.



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 Native American/ Rather Not Say

Islander Alaskan Native

HOW DID YOU HEAR ABOUT OUR PROGRAMS?

Radio Television Newspaper Utility Bill Insert

Website Friends Social Media Other

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