

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

Household Size	Discount Rate Program Maximum Monthly Household Income*
1	\$3,171
2	\$3,625
3	\$4,079
4	\$4,529
5	\$4,892
6	\$5,254

Bill Credit Assistance Plan (monthly bill credit)
Available for customers not on the Discount Rate Program that meet the income eligibility

Household Size	Bill Credit Assistance Maximum Monthly Household Income*
1	\$4,229
2	\$4,833
3	\$5,438
4	\$6,042
5	\$6,525
6	\$7,008

*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- Driver's license or State Identification card (US Only), Military Identification (US Only), Resident Alien Identification card (work or Student Visa) (US Only), Passport, Tribal ID
- Minor- State ID (US Only), Driver's License (US Only), Birth Certificate (US Only), Washington State Medical Card, School Transcript, Daycare record, School ID, Passport, DSHS document, Tax document, Immunization records
- 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 Address	City	State	Zip
Contact Preference Phone Email Mail (USPS)	Email	Primary Language English Other		
Primary phone number	May we send text messages to this number? (Message and data rates may apply.) Yes No			

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.

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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/SSDI	Temporary Assistance for Needy Families (TANF)	Child Support Received/Paid
Alimony/Spousal Support	Rental/Investment Property Income	Self-Employment	Unemployment
Tribal Per Capita	Aged/Blind/Disabled (ABD)	Workers Compensation	Short or Long Term Disability
Adoption or Foster Care Support	Paid Family Medical Leave (PFML)	Monthly income from other 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.


Print name (as it appears on the utility invoice)	Signature	Date
<div></div>	<div></div>	<div></div>

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:
7:30 a.m. to 5 p.m.

Phone Number:
253-502-8400 (7:30 a.m. to 5:30 p.m.)

Fax Number:
253-502-8906

Applications may be completed online at
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 Islander	Native American/Alaskan Native	Rather Not Say	

HOW DID YOU HEAR ABOUT OUR PROGRAMS?

Radio	Television	Newspaper	Utility Bill Insert
Website	Friends	Social Media	Other