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	$3,346
2	$3,821
3	$4,300
4	$4,775
5	$5,158
6	$5,542

☐ **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	$4,458
2	$5,096
3	$5,733
4	$6,367
5	$6,879
6	$7,388

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

SECTION 1: CONTACT INFORMATION

TPU Account Number	Service Address	City	State	Zip

Contact Preference	Email	Primary Language
☐ Email ☐ Phone ☐ Mail (USPS)		☐ 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 18 years or older. Primary account holder must be listed first (please print).	Date of Birth	Relationship	Receiving Disability Income? (Check if applicable)	Military Veteran or the spouse of a Military Veteran? (Check if applicable)	Total Monthly Gross Income
		Self (account holder)	☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

Dependents 21 years or younger

Name	Date of Birth

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.

SECTION 2: DSHS BENEFITS

Does anyone on the utility account receive Department of Social and Health Services (DSHS), SNAP benefits, TANF, or ABD? Only one person's information is required, even if multiple household members receive benefits.

- If YES, complete the DSHS consent information below and sign in **SECTION 6** to complete the application.
- If NO, continue to **SECTION 3**.
- If YES, but your benefit status is CONFIDENTIAL, continue to **SECTION 4**.

DSHS CONSENT

Notice to Clients: The Department of Social and Health Services (DSHS) can help you better if we are able to work with other agencies and professionals who know you and your family. By signing this form, you are giving permission for DSHS to use and share confidential information about you. DSHS cannot refuse you benefits if you do not sign this form unless your consent is needed to determine your eligibility. If you do not sign this form, DSHS may still share information about you to the extent allowed by law. If you have questions about how DSHS shares client confidential information or your privacy rights, please consult the DSHS Notice of Privacy Practices or ask the person giving you this form.

First name of person receiving benefits*	Last name of person receiving benefits*
Date of birth for person receiving benefits	DSHS client ID or social security number

*Spelling must match what is on file with DSHS.

- If signing for self, no additional documentation required.
- If authorized to sign for a child under 18 as parent, guardian, or personal representative, attach proof of authority.
- If benefits are through other occupants in the household over 18, provide a copy of the driver's license or ID for the person receiving benefits.

I consent to the use of confidential information about me within DSHS to plan, provide, and coordinate services, payments, and benefits for me or for other purposes authorized by law. I also grant permission to DSHS and Tacoma Public Utilities, and their authorized employees, to use and disclose my confidential information to each other for these purposes. Information may be shared verbally or electronically, by mail or hand delivery.

This consent is valid for one year or until (year).

- I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.
- I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS.

Signature of the person receiving benefits	Date
_____	_____

SECTION 3: WIC BENEFITS

Does anyone on the utility account receive WIC benefits?

If yes:

- Provide a copy of your WIC eligibility letter and complete the Declaration of Income form

AND

- Complete **SECTION 6**

If no, move to **SECTION 4**.

SECTION 4: 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.***

We require identification and income verification for all household members 18 years of age and older. These requirements do not apply to dependents 21 years of age or younger.

- Identification: One of the following forms of ID - Driver's License or State Identification Card (U.S. only), Military Identification (U.S. only), Resident Alien Identification Card (work or student visa; U.S. only), Passport, or Tribal ID.

AND

- Income Verification: Proof of household income for the month before the application submission date. If your income source is Self-Employment, provide the last three months before the application submission date. (Example of acceptable income sources are listed in **SECTION 5**.)

SECTION 5: 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 _____

SECTION 6: 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

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 4 p.m.

Phone Number:
253-502-8400 (7:30 a.m. to 4:30 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?

- ☐ Website
- ☐ Family or Friends
- ☐ Community Event
- ☐ Agency Referral
- ☐ Social Media
- ☐ Newsletter/Utility Bill Insert
- ☐ TPU Advertisement
- ☐ Other