

Assessment Form



This Assessment form has been developed to help our care specialists identify utility assistance that may be available for your household. It is important that you complete this Assessment with the most complete and accurate information for the best results.

TPU DOES NOT report or share information with Homeland Security

Have you or anyone in your household already submitted an Assessment? * Yes No

*Required

Please **DO NOT** submit more than one Assessment as this may delay processing.

TPU Account and Service Address information

TPU 9-digit Account Number*:			
Service Address*:	City*:	State*:	Zip*:
Contact preference: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail (US Postal Service)	Email*:		
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	Primary phone number: (____) _____		
Is this account currently enrolled in a TPU assistance program, Bill Credit Assistance Plan (BCAP) or the Discount Rate (LIE)* <input type="checkbox"/> BCAP <input type="checkbox"/> LIE (Discount Rate) <input type="checkbox"/> Unsure <input type="checkbox"/> No			
Is this the address where you receive Utility Services in the City Limits of Tacoma?* <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you or anyone else in your household received other Utility Assistance in the past 12 months?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the mailing address different from the service address?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address*:	City*:	State*:	Zip*:
Rent or Own?*: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Utility Services Billed Directly by TPU* <input type="checkbox"/> Power <input type="checkbox"/> Water <input type="checkbox"/> Wastewater <input type="checkbox"/> Surface Water <input type="checkbox"/> Solid Waste		

Account Holder Information

Reference Number (Included on the letter you received):		
First Name*:	Middle Initial:	Last name*:
Suffix (Sr, Jr, etc):	Birthdate (mm/dd/yyyy)*:	
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. <input type="checkbox"/> White/Not Hispanic <input type="checkbox"/> Black/Not Hispanic <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Rather Not Say <input type="checkbox"/> Other _____		
Military Veteran Status* <input type="checkbox"/> Military Veteran <input type="checkbox"/> Spouse of a Military Veteran <input type="checkbox"/> Not a Military Veteran		
DSHS Assistance - Do you receive any of the following services: Food, medical or cash benefits?* <input type="checkbox"/> Yes <input type="checkbox"/> No		DSHS Client ID Number: _____
Gross Monthly Income before deductions or taxes (Enter dollar and cents, if none enter 0.00)*:		
Income Source (You may select more than one)*		
<input type="checkbox"/> Wages/Paystubs	<input type="checkbox"/> Social Security SSI/SSA/SSDI	<input type="checkbox"/> Rental/Investment Property Income
<input type="checkbox"/> Retirement Pension	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Aged/Blind/Disabled (ABD)	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Labor & Industry (L&I)	<input type="checkbox"/> Child Support	<input type="checkbox"/> Tribal Per Capita
<input type="checkbox"/> IRA/Annuity	<input type="checkbox"/> Alimony/Spousal Support	
<input type="checkbox"/> Monthly income from other sources (briefly explain)		

Additional Household Member Information

How many additional people 18 or older are living in the household? _____
 Please include this information for everyone in the household 18 or older on a separate sheet of paper.:

First Name*:	Middle Initial:	Last name*:
Suffix (Sr, Jr, etc):	Birthdate (mm/dd/yyyy)*:	

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
 Other _____

Military Veteran Status* Military Veteran Spouse of a Military Veteran Not a Military Veteran

DSHS Assistance - Do you receive any of the following services: Food, medical or cash benefits?* Yes No **DSHS Client ID Number:** _____

Gross Monthly Income before deductions or taxes (Enter dollar and cents, if none enter 0.00)*

Income Source (You may select more than one)*

<input type="checkbox"/> Wages/Paystubs	<input type="checkbox"/> Social Security SSI/SSA/SSDI	<input type="checkbox"/> Rental/Investment Property Income
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<input type="checkbox"/> Labor & Industry (L&I)	<input type="checkbox"/> Child Support	<input type="checkbox"/> Tribal Per Capita
<input type="checkbox"/> IRA/Annuity	<input type="checkbox"/> Alimony/Spousal Support	
<input type="checkbox"/> Monthly income from other sources (briefly explain)		

Additional Household Member Information

How many additional people under 18 (minors) are living in the household? _____
 Please include this information for everyone in the household under 18 (minors) on a separate sheet of paper.

First Name*:	Middle Initial:	Last name*:
Suffix (Sr, Jr, etc)	Birthdate (mm/dd/yyyy)*:	

Income - SSI/SSA etc (Enter dollar and cents, if none enter 0.00)*:

Terms & Conditions

I understand:

1. I may be requested to provide additional documentation in order to be directed to the correct assistance program(s).
2. Submitting this Assessment does not guarantee eligibility or enrollment in any programs.
3. I will notify Tacoma Public Utilities, Customer Solutions Office regarding any household changes including change of address, increase or decrease in number of occupants, changes in disability payments, and/or changes in income.

Print name (as it appears on the utility invoice)	Signature	Date
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