

Residential Utility Assistance Application

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

Please select the program for which you are applying:

☐ **Discount Rate Program***

(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***

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

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

Section 1	Required Documents (If mailing documents, please send copies, not originals.)						
<p>If you need assistance completing this application, please call 253-502-8400.</p> <p>Office visits by appointment only: M-F, 8:30 a.m. to 4 p.m. 3628 S. 35th St., Tacoma</p> <p>Income information and online applications available at: MyTPU.org/Assistance</p>	<p>This application and the required documents are used to verify eligibility for utility assistance programs offered by Tacoma Public Utilities/City of Tacoma Environmental Services. It may also be used to start the process for your household to receive additional benefits from other programs.</p> <p>***We DO NOT report or share information with Homeland Security.***</p> <p>For each household member, provide copies of one of the following:</p> <table border="1"> <tr> <td><input type="checkbox"/></td><td>Adult 18 years and older: Picture ID, such as State ID or driver's license/Passport/Military ID or dependent ID/Employment badge/etc.</td></tr> <tr> <td><input type="checkbox"/></td><td>Children under 18 years: State ID or driver's license/birth certificate/state medical card/school or daycare record/etc.</td></tr> <tr> <td><input type="checkbox"/></td><td>Household income verification for three months prior to application submission date. (See Section 4 for examples of sources of income)</td></tr> </table>	<input type="checkbox"/>	Adult 18 years and older: Picture ID, such as State ID or driver's license/Passport/Military ID or dependent ID/Employment badge/etc.	<input type="checkbox"/>	Children under 18 years: State ID or driver's license/birth certificate/state medical card/school or daycare record/etc.	<input type="checkbox"/>	Household income verification for three months prior to application submission date. (See Section 4 for examples of sources of income)
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<input type="checkbox"/>	Household income verification for three months prior to application submission date. (See Section 4 for examples of sources of income)						

Section 2	Contact Information
TPU 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"/> Other _____	Primary phone number: (____) _____ May we send text messages to this number? <input type="checkbox"/> Yes <input type="checkbox"/> No (Message and data rates may apply.)

Section 3	Household Member Information					
Full name of each occupant (please print) (Complete information for yourself and everyone living in the household)	DSHS Client ID # (if applicable)	Date of Birth	Receiving Disability Income? (Check if applicable)	Military Veteran? (Check if applicable)	Spouse of Veteran? (Check if applicable)	Total Monthly Income
						\$
						\$
						\$
						\$
						\$
<p>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.</p>						

Please complete the back of this application.



Section 4 Identify Sources of ALL Household Income			
Submit copies of all income sources with your application.	Check all income sources that apply to your household (even income that is not taxable).		
	<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

Section 5 Terms & Conditions		
<p>I give the City of Tacoma, Department of Public Utilities permission to request information from the Department of Social and Health Services (DSHS), all federal, state, county, and city governments, Puyallup Tribe, and other community agencies, or their delegated agents and I expressly authorize these entities to disclose or give access to my confidential information related to the amount of financial assistance that I receive from said entity to Tacoma Public Utilities for the purpose of determining my eligibility for their utility assistance and conservation programs.</p> <p>I certify and declare under penalty of perjury that the information I provided with this application is accurate and complete. I may be subject to criminal prosecution if I have knowingly given false or misleading information or excluded information necessary to accurately determine my eligibility for utility assistance. I understand I will be removed from the program(s) and the Utility may recover any funds received on my account during any period of ineligibility. I also understand:</p> <ol style="list-style-type: none">1. I may be requested to provide additional documentation in order to complete this application process.2. Submitting this application and documents does not guarantee eligibility or enrollment in any programs.3. I agree to re-certify for eligibility every two years or at any time upon request.4. 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.5. If my power/water consumption is above average usage, I agree to a home assessment by Tacoma Power/Tacoma Water or their delegated agents allowing access to all areas inside my home as well as attic/crawl spaces/basement/any other building connected to Tacoma Power/Tacoma Water service to identify conservation opportunities.6. Tacoma Public Utilities reserves the right to change its assistance and conservation programs without notice.7. Any violations of Tacoma Public Utilities Customer Services Policies and the City of Tacoma Municipal Code may make my household ineligible for Utility assistance funded through the City of Tacoma and Tacoma Public Utilities.8. If I do not complete Sections 1-5 of this application and provide all the required documents, my application will not be processed.		
Print name (as it appears on the utility invoice)	Signature	Date
Would you like to be considered for additional services such as food, medical, and possibly cash assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Submit application and required copies to: Tacoma Public Utilities Customer Solutions Office 3628 South 35th Street Tacoma WA 98409-3192 Applications may be completed online at: MyTPU.org/Assistance	Office Contact Information Office visits by appointment only: 8:30 a.m. to 4 p.m. Phone Number: 253-502-8400 (8 a.m. to 4 p.m.) Fax Number: 253-502-8906 (8 a.m. to 4 p.m.) Email: CSSolutions@CityofTacoma.org
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Optional Information	
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	
How did you hear about our programs? <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Newspaper <input type="checkbox"/> Newsletter <input type="checkbox"/> Utility Bill Insert <input type="checkbox"/> Website <input type="checkbox"/> Family or Friends <input type="checkbox"/> Social Media <input type="checkbox"/> Other	

Official Office Use Only – Please Do Not Write In This Section