

Utility Bill Payment Assistance Application

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 the 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 2019 Income Eligibility & Required Documentation

(If mailing documents, please send **copies**, not originals)

<p>If you need assistance completing this application, please call (253) 502-8400 or visit Customer Solutions at:</p> <p>3628 S. 35th St., Tacoma</p> <p>Walk-in hours: M-F, 10am – 3pm.</p> <p>Applications may be completed online at MyTPU.org/Assistance</p>	Number of People in Household	1	2	3	4	5	6
	Maximum	\$1,561	\$2,114	\$2,666	\$3,219	\$3,771	\$4,324
	Monthly Household Income	\$1,561	\$2,114	\$2,666	\$3,219	\$3,771	\$4,324
	<input type="checkbox"/> Government issued identification for all persons in the household 18 years and older: – State driver’s license/State identification card/Military Identification/Passport						
<input type="checkbox"/> Social Security card for each person living in the household or Certified Birth Certificate							
<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

Street Address:	City:	Zip:
Mailing Address (if different):	City:	State: Zip
Contact preference: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Regular mail	Email:	
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Other _____	Primary phone number: ()	

Section 3 Household Member Information

Full name of each occupant (please print) <small>(Complete information for yourself and everyone living in the household)</small>	Social Security Number	Date of Birth	Receiving Disability Income? Yes/No	Military Veteran / Spouse of Veteran? Yes/No	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.

Section 4 Identify Sources of ALL Household Income

<p>Check all income sources that apply to your household.</p> <p>Submit copies of all income sources with application.</p>	Yes No			Yes No			Yes No				
	Wages/Paystubs	<input type="checkbox"/>		<input type="checkbox"/>	Social Security SSI/SSA/SSDI		<input type="checkbox"/>	<input type="checkbox"/>	Rental/Investment Property Income	<input type="checkbox"/>	<input type="checkbox"/>
	Retirement Pension	<input type="checkbox"/>		<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)		<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>
	Veterans Benefits	<input type="checkbox"/>		<input type="checkbox"/>	Aged/Blind/Disabled (ABD)		<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
	Labor & Industry (L&I)	<input type="checkbox"/>		<input type="checkbox"/>	Child Support		<input type="checkbox"/>	<input type="checkbox"/>	Tribal Per Capita	<input type="checkbox"/>	<input type="checkbox"/>
	IRA/Annuity	<input type="checkbox"/>		<input type="checkbox"/>	Alimony/Spousal Support		<input type="checkbox"/>	<input type="checkbox"/>	Monthly income from other sources	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the back of this application.



Section 5

Terms & Conditions

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.

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 and the Utility may recover any funds received on my account during any period of ineligibility. I also understand:

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 Bill 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:	Signature:	Date:
_____	_____	_____
Print name:	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 Office Hours: 10:00 a.m. to 3:00 p.m.
Phone Number: 253-502-8400 (8:00 a.m. to 4:00 p.m.)
Fax Number: 253-502-8906 (8:00 a.m. to 4:00 p.m.)
Email: cssolutions@cityoftacoma.org**

Applications may be completed online at:

MyTPU.org/Assistance

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