## Low Income Veteran Discount Application

☐ Yes ☐ No

☐ Yes ☐ No

Rev Date: 4/1/2025



Entered in iVue by:

PUD Residential Electric Customers, based on income and are honorably discharged military veterans, may qualify to receive a \$10.00 monthly Service Availability Charge discount (one per account).

Is the utility service in your name and your primary residence?

Do you think your total annual household income meets the levels below?

CUTILITY OF	Are yo	ou an honorably dis	scharged ve	teran of the U.S.	military?	☐ Yes [	□ No	
lf y	ou answered yes	to all questions	above, p	lease complete	the below	applica	tion.	
<b>Applicant Information</b> (Acc	ount must be in th	ne name of the ap	plicant):					
First Name:	M.	l. Last	Name:					
Telephone:	Email:							
Service Address:				Unit/Apt #				
City:	State:	Zip:						
Mailing Address (if different):		•						
_	State:	Zip:						
City:				Talambana				
Legal property owner (if renting):  Telephone:								
<b>Applicant Income Verificat</b>	ion							
Total household combined income, from all sources (including that				Income Levels				
of spouse or co-tenant), shall be no higher than the greater of 80% of area median household income (AMI) or 200% of the federally established poverty level, adjusted for household size, for the prior calendar year.  Designate your Income Level, by checking the applicable box in the table to the right indicating the number of persons in your household along with the corresponding maximum income threshold.  Applicant must provide proof of income (such as W-2 forms, 1040 tax forms, Social Security information, and/or bank statement showing direct deposit or retirement check stubs).			the	# of Persons in Household	Income Limit	Check One		
				1	\$50,400			
			l l	2	\$57,600			
			-	3 4	\$64,800 \$72,000			
				5	\$77,800			
				6	\$83,920			
			·	7	\$94,680			
			oank	8	\$105,440			
statement snowing direct de	posit of retireme	nent check stubs).		9 or more*	See below			
				*Add \$10,760 for each person in				
Applicants are required to re-verify eligibility upon request.				household over 8 persons.				
BY SIGNING BELOW, APPLICANTHEIR KNOWLEDGE AND HAS S								
Applicant Signature:				Date:				
Pend Oreille PUD Use ONL	Υ:							
Account Number:								
Applicant Age & Veteran Status	Verified by:		Da	ite:				
Approved by:	C	ate:						

Date: