

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

Bill Credit Assistance Plan (monthly bill credit)

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

| Household Size | Discount Rate Program Maximum Monthly Household Income* |
|----------------|---|
| 1 | \$3,042 |
| 2 | \$3,475 |
| 3 | \$3,908 |
| 4 | \$4,342 |
| 5 | \$4,692 |
| 6 | \$5,038 |

| Household Size | Bill Credit Assistance Maximum Monthly Household Income* |
|----------------|--|
| 1 | \$4,054 |
| 2 | \$4,633 |
| 3 | \$5,213 |
| 4 | \$5,792 |
| 5 | \$6,258 |
| 6 | \$6,721 |

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

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.***

For each household member, provide copies of one of the following:

- Adult 18 years and older: Picture ID, such as State ID or driver's license/Passport/Military ID or dependent ID/Employment badge/etc.
- Children under 18 years: State ID or driver's license/birth certificate/state medical card/school or daycare record/etc.
- Household income verification for three months prior to application submission date. (See examples of sources of income on the back page.)

CONTACT INFORMATION

| | | | | | | |
|----------------------|-------|---|--|------------------|-------|-----|
| TPU Account Number | | Service Address | | City | State | Zip |
| Contact Preference | | Email | | Primary Language | | |
| Phone | Email | 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 (Please print. Complete information for **yourself** and **everyone** living in the household)

| Date of Birth | Receiving Disability Income? (Check if applicable) | Military Veteran? (Check if applicable) | Spouse of Veteran? (Check if applicable) | Total Monthly Income |
|---------------|---|--|---|----------------------|
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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.

Residential Utility Assistance Application

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 | Monthly income from other sources | Aged/Blind/Disabled (ABD) | Workers Compensation |

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:
8:30 a.m. to 4 p.m.

Phone Number:
253-502-8600 (8 a.m. to 4 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?

| | | | |
|---------|------------|--------------|---------------------|
| Radio | Television | Newspaper | Utility Bill Insert |
| Website | Friends | Social Media | Other |