



CHELAN COUNTY

CHELAN COUNTY PUBLIC UTILITY DISTRICT

APPLICATION FOR SPECIAL RATE DISCOUNT FOR SENIOR CUSTOMERS AGES 62 AND OVER WITH COMBINED INCOMES OF \$35,000 OR LESS

QUALIFICATIONS

1. Applicant must be 62 or over prior to application.
2. Combined household income from all sources must be \$35,000 or less for the prior calendar year.
3. Applicant, upon request, must provide proof of ownership or occupancy as head of household residing at certain property being provided electric, water or wastewater service within the District's service area. The discount will apply to one account only for each service type.
4. Application can be made at any time and will be valid upon approval. It is applicant's responsibility to notify agency of any financial changes.
5. Applicant must provide identification and proof of age (birth certificate or driver's license) and proof of income (such as W-2 forms, 1040 tax forms or Social Security information, or retirement check stubs).
6. Chelan-Douglas Community Action Council manages this program for Chelan County PUD. All applicants may apply in person or by mail at one of the following business offices:

CHELAN-DOUGLAS COMMUNITY ACTION COUNCIL
620 Lewis Street Wenatchee WA 98801 (509) 662-6156

OR AT ONE OF CHELAN COUNTY PUD'S OFFICES:

- WENATCHEE: 327 North Wenatchee Avenue, Wenatchee WA 98801 (509) 663-8121
- LEAVENWORTH: 222 Chumstick Hwy, Leavenworth WA 98826 (509) 548-7761
- CHELAN: 1034 East Woodin Avenue, Chelan WA 98816 (509) 682-2581

If you feel you meet the qualifications listed above, please provide the following information. If you have any questions, please call a Chelan County PUD Customer Accounting Specialist at 661-8002.

PLEASE PRINT OR TYPE:

Name _____ Spouse's Name _____

Address _____

Mailing Address _____

SS# _____ Spouse's SS# _____

Electric Acct # (if known) _____ Phone # _____

Water Acct # (if known) _____ Wastewater Acct # (if known) _____

Age _____ Birthdate _____ # of persons in household _____

Spouse's Age _____ Spouse's Birthdate _____

Please select one of the following and include copy of document:

Birth Certificate No: _____

Driver's License No: _____

Washington State I.D. No: _____

List Other:

Income Statement
Combined Annual Gross Income of Persons Living at this Address
(copy must be included)

Income Tax Form or \$ _____

W-2 Form or \$ _____

List Other:

_____ \$ _____

_____ \$ _____

Total Combined Income: \$ _____

I certify the above is correct to the best of my knowledge and consent and agree that Chelan County PUD may verify and confirm the above. **The Social Security Administration and the Internal Revenue Service are authorized to release my income information from their files for this purpose.**

Signature of Applicant

Date

or Authorized Agent

Date