

**CHELAN COUNTY PUBLIC UTILITY DISTRICT**

**APPLICATION FOR SPECIAL RATE DISCOUNT FOR  
LOW-INCOME DISABLED CUSTOMERS**

**WITH A COMBINED INCOME OF 125% OR LESS OF THE FEDERAL POVERTY INCOME GUIDELINE**

**QUALIFICATIONS**

1. Applicant must be physically disabled prior to application as defined in State of Washington RCW 46.16.38 (1) (a) through (f) or a blind person defined in RCW 74.18.020.
2. Combined family income from all sources must be at or below 125% of the Federal Poverty Income Guideline.
3. Applicant 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. Temporary disability applications are to be resubmitted each year prior to the anniversary date for the following year.
5. Applicant must provide identification, proof of disability, and proof of income (such as W-2 forms, 1040 tax forms or Social Security information, disability check stubs, State of Washington special parking privileges, or signed statement from physician).
6. Eligibility is determined by the Chelan-Douglas Community Action Council. Applicants may apply in person or by mail, providing this completed form and the required documentation, at:

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

OR AT ONE OF CHELAN COUNTY PUD'S OFFICES:  
WENATCHEE (Headquarters): 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 meet the qualifications listed above, please provide the following information. If you have any questions, please call a Chelan County PUD customer accounting representative at 661-8002.

**PLEASE PRINT OR TYPE:**

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

SS# \_\_\_\_\_ Spouse's SS# \_\_\_\_\_

Acct # (if known) \_\_\_\_\_ Phone # \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ # of persons in household \_\_\_\_\_

Spouse's Age \_\_\_\_\_ Spouse's Birthdate \_\_\_\_\_

**Disability Statement:**

**Source and Date**

Signed Statement from Physician \_\_\_\_\_

State of Washington Special Parking Privileges \_\_\_\_\_

Documents from Governmental Agencies \_\_\_\_\_

Blindness-Statements from Physician or Governmental Agencies \_\_\_\_\_

List Other:

\_\_\_\_\_

\_\_\_\_\_

**Income Statement**

**Combined Annual Gross Income of Persons Living at this Address**

Income Tax Form \$ \_\_\_\_\_

W-2 Form \$ \_\_\_\_\_

Disability Check Stubs \$ \_\_\_\_\_

List Other:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Combined Income:** \$ \_\_\_\_\_

I consent and agree that Chelan County PUD may verify and confirm the above disability and income statement. **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