



CHELAN COUNTY

# CHELAN COUNTY PUBLIC UTILITY DISTRICT

## APPLICATION FOR SPECIAL RATE DISCOUNT FOR SENIOR CUSTOMERS AGES 62 AND OVER WITH COMBINED INCOMES OF \$41,000 OR LESS

### QUALIFICATIONS

1. Applicant must be 62 or over prior to application.
2. Combined household income from all sources must be \$41,000 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/ENERGY ASSISTANCE  
620 Lewis Street Wenatchee WA 98801 (509) 662-6156

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 Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Washington State I.D. Number: \_\_\_\_\_

List Other:

\_\_\_\_\_

\_\_\_\_\_

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**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