



Senior/Disabled Discount Application

Grays Harbor PUD
Customer Service Department
PO Box 480
Aberdeen, WA 98520
PH: (360)532-4220
FAX: (360)538-6400
Email: customerservice@ghpud.org

If you are a senior citizen or a disabled citizen and your total household income for the year falls at or below \$32,100, you may be eligible for a discount on your monthly electric service at your primary residence. To apply please fill out this form, attach the required income verification for all people living in your household and return it to the Customer Service Department. Please find discount tiers and acceptable forms of income below:

TOTAL HOUSEHOLD INCOME GUIDELINES FOR 2021

| Income Level | Percent Discount |
|-------------------|-------------------------|
| \$0 – 16,100 | 35% |
| \$16,101 – 20,100 | 30% |
| \$20,101 – 24,100 | 25% |
| \$24,101 – 28,100 | 20% |
| \$28,101 – 32,100 | 10% |
| \$32,101 and up | Discount does not apply |

Acceptable income verification: 2020 Income tax return

If you do not file taxes: Current SSI award letter (Total benefits paid prior to deductions)
Current L&I pension verification letter

Please complete all required fields and questions below.

Name: _____ PUD Account Number: _____

Service Address: _____

Mailing Address: _____

Phone Number: _____ Social Security Number: _____

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|--|-------|----|
| 1. Are you at least 62 years of age? | Yes | No |
| 2. Are you disabled and receiving SSI and/or L&I? | Yes | No |
| 3. Do you live in federally subsidized housing? | Yes | No |
| 4. Is the service address listed your primary residence? | Yes | No |
| 5. Do you receive an electric bill from Grays Harbor PUD in your name? | Yes | No |
| 6. What is the combined income for all people in your household? | _____ | |

By signing below I swear under penalties of either civil or criminal perjury that all of the above statements and those marked are true. I consent and agree that Grays Harbor PUD may verify and confirm the above information if deemed necessary. The Social Security Administration and the Internal Revenue Service are authorized to release my income information from their files.

Signature _____ Date _____

To be completed by office staff. Income and age confirmed by _____ Date _____