

# Peninsula Light Co.

*a mutual corporation*

P.O. BOX 78 • 13315 GOODNOUGH DR NW • GIG HARBOR • WA • 98335-0078  
PHONE (253) 857-5950 • FAX (253) 857-1558 • [www.penlight.org](http://www.penlight.org)

## Application for Permanently Disabled Rate Discount

1. Applicant must be a customer of Peninsula Light Company with an established account in his/her name during the previous six months.
2. Applicant must complete the income worksheet on page 2.
3. Applicant must provide proof of disability (letter from doctor or Social Security Administration).
4. Applicant must reapply annually in the month of April to ensure they continue to meet the program criteria.
5. Applicant must be a permanent, year-round resident in Peninsula Light Company's service territory, as opposed to a seasonal, part-time, or vacation resident. To qualify as a permanent resident, the applicant must reside at the service address for a minimum of 300 days per year and receive mail locally all year.
6. Only the applicant's primary meter will qualify for the discount. Pump services and rental houses shown in the applicant's name do not qualify.

I swear, under the penalties of either civil or criminal perjury, that I have READ, UNDERSTAND AND MEET ALL OF THE ABOVE CRITERIA. I understand that if at any future date I no longer meet the criteria, it is my obligation to let Peninsula Light Company know. I consent and agree that Peninsula Light Company may verify and confirm the above if deemed necessary. The Social Security Administration and the Internal Revenue Service are authorized to release any income information from their files.

Name (print) \_\_\_\_\_ Drivers License No: \_\_\_\_\_

Address \_\_\_\_\_ Phone No: \_\_\_\_\_

City, Zip \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

PLC Member No: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Identification confirmed by Peninsula Light Company:

\_\_\_\_\_

\_\_\_\_\_  
Peninsula Light Company Employee

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## **Electric Rate Discount for Permanently Disabled Members** **Annual income must include all individuals who live at residence**

1. Number in household \_\_\_\_\_
2. Salary and Wages \_\_\_\_\_
3. Unemployment Compensation \_\_\_\_\_
4. Welfare Benefits \_\_\_\_\_
5. Industrial Injury Benefits \_\_\_\_\_
6. Social Security Benefits \_\_\_\_\_
7. Gifts, Grants, and Contributions \_\_\_\_\_
8. Interest (all sources) \_\_\_\_\_
9. Dividends \_\_\_\_\_
10. Pensions and Annuities \_\_\_\_\_
11. Retirement Benefits \_\_\_\_\_
12. Capital Gains \_\_\_\_\_
13. SUB TOTAL ANNUAL INCOME \_\_\_\_\_
- \*YOU MAY DEDUCT HEALTH CARE PREMIUMS** \_\_\_\_\_
14. TOTAL ADJUSTED ANNUAL INCOME \_\_\_\_\_

### 2009-2010 INCOME GUIDELINES

<u>Family Size</u>	<u>Monthly</u>	<u>Annually</u>
1	\$1,625	\$19,500
2	\$2,190	\$26,280
3	\$2,750	\$33,000
4	\$3,315	\$39,780
5	\$3,875	\$46,500
6	\$4,440	\$53,280
7	\$5,000	\$60,000
8	\$5,565	\$66,780
9	\$6,125	\$73,500
10	\$6,690	\$80,280



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In addition to meeting the income guidelines on the previous page, the applicants **MUST** submit copies of the following:

- Social Security Card
- Copy of previous years Federal Tax Return (if filed)
- Past three (3) months income verification
- Proof of disability
- Proof of Health Care Premiums paid

#### Social Security Card:

We must have a copy of the Social Security card or other official document showing the social security number (not hand printed), for **ALL** individuals who live within the household.

#### Federal Tax Return:

A copy of the previous year's Federal Tax Return is required. In the event a Federal Tax Return was not filed due to income received, then three consecutive month's bank statements are required for everyone over 18.

#### Income verification:

Verification of **ALL** income received over the past three months is required. (Copies of retirement statements, social security payments, medical coupons, or any source of income received over the previous three months. For example, if you are applying during the month of December, copies of income are needed for September, October, and November)

#### Proof of disability:

Documentation from either your doctor or the Social Security Administration stating you are permanently disabled.

#### Proof of health care premiums paid:

Examples may be paid receipt from insurance provider, cleared check, bank statement or policy information.

Any questions please contact our Customer Service Department at (253) 857-5950.