Application for Senior Citizen 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 be 62 years of age or older.
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 applicants 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:

____

Senior Citizen Discount
Annual Income Worksheet

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

Family Size	Monthly	Annually
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

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

Any questions please contact our Member Services Department at (253) 857-5950