

Project Help Customer Support Program

Application For Assistance

Customer Name: _____
Last *First* *MI*

Service Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____
(if different from Service Address)

City: _____ State: _____ Zip: _____

Email Address: _____

Primary Phone No.: _____ Alternate Phone No.: _____

Customer Account No.: _____

To be eligible for assistance you must:

- ❖ Be a customer with the PUD with an active account in your name.
- ❖ Have received a disconnect notice for your water service.
- ❖ Provide documentation that household income is \$64,000 or less.

Assistance will be limited up to \$750.00 annually per customer account on a calendar basis.

Please attach required documents to this form.

- ✓ Copy of your disconnect notice
- ✓ Copy of your most recent federal income tax return (other documentation will be accepted in lieu of tax return if one is not available).

I do hereby certify that all the information I have provided is **true and complete** to the best of my knowledge. I understand any false or misrepresented information I have provided may cause denial of assistance.

Signature: _____ Date: _____

<i>FOR OFFICE USE ONLY</i>		
Eligibility Verified:	Yes	No
By: _____	Authorization: _____	