



Project Help – Low Income Assistance Program

Application for Assistance

Last Name: _____ First Name: _____ MI: _____

Service Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

Email Address: _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

Customer Account Number: _____

ELIGIBILITY REQUIREMENTS:

To be eligible for assistance you must:

- ❖ Be a customer of the PUD, with an active account in your name.
❖ Have received a disconnect notice for your water service.
❖ Provide documentation that household income is \$40,000 or less.

Assistance will be limited to \$50 annually.

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: _____

FOR OFFICE USE ONLY:
Eligibility Verified: Yes _____ No _____
By: _____ Authorization: _____

Form Approved by
General Manager: [Signature]