WAHKIAKUM PUD

INCOME ELIGIBLE

DISABLED CITIZEN DISCOUNT PROGRAM

APPLICATION

Name _____ Account No. _____

Service Address _____

City _____ Zip _____ Phone No. _____

DEFINITIONS

Disabled Customer means, but not limited to, a named Wahkiakum PUD customer qualifying for special parking privileges under RCW 46.19.010 (1) (a) thru (f) or a blind customer as defined in RCW 74.18.020 (4) or a developmentally disabled customer as defined in RCW 71A.10.020 (2) and whose net household income, including that of his/her spouse or cotenant, does not exceed the amount allowed in the PUD program.

DISABILITIES QUALIFICATION

Only the disabilities listed below are covered by Washington State Laws - No exceptions can be made.

_____ Loss of both lower limbs;

_____ Loss of normal or full use of the lower limbs to sufficiently constitute a severe disability;

_____ Is so severely disabled, that the person cannot move without the aid of crutches or a wheelchair;

_____ Loss of both hands;

_____ Suffers from lung disease to such an extent that forced expiratory respiratory volume, when measured by spirometry is less than one liter per second;

_____ Impairment by cardiovascular disease to the extent that the person's functional limitations are classified as class III or IV under standards accepted by the American Heart Association;

_____ Hearing loss not correctable and of such severity that gainful employment is prohibited:

_____ Blind, meaning a person who has no vision or whose vision with corrective lenses is so defective as to prevent the performance of ordinary activities for which eyesight is essential, or who has an eye condition of a progressive nature which may lead to blindness;

_____ Developmental disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to mental retardation or to require treatment similar to that required for individuals with metal retardation, which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to the individual.

_____ Other disability not listed that falls in the guidelines above and will require a Physicians certificate and/or a parking permit.

NOTE: IF YOU HAVE A PARKING PERMIT PRIVILEGE PERMIT FOR DISABLED PERSONS AND YOU ARE THE PERSON NAMED ABOVE, THE PHYSICIAN'S CERTIFICATE MAY NOT BE NECESSARY. YOU WILL NEED TO PRODUCE YOUR PERMIT.

PERMIT _____ NUMBER _____

DATE ISSUED _____

IF YOU DO NOT HAVE A PARKING PERMIT, THE FOLLOWING PHYSICIAN'S CERTIFICATE IS REQUIRED

PHYSICIAN'S CERTIFICATE

The intent of the legislature is to extend a special electric billing to income eligible persons with disabilities that substantially impair mobility. I hereby certify that I am a licensed physician and that the applicant has the permanent disability set forth on page one.

Full name of physician (please print) _____

Physician's signature _____

Type of physician _____

Professional license no. _____

Address _____

City _____ Zip _____ Phone _____

MENTAL HEALTH PROFESSIONAL'S CERTIFICATION

The intent of the legislature is to extend a special electric billing discount to income eligible persons with disabilities that substantially impair mobility and gainful employment. I hereby certify that I am a Mental Health Professional as defined in RCW 71.05.020 (12) or a C.C.C. (DSHS) Social Worker authorized to certify that the applicant has the disability set forth on page one.

Full name of professional (please print) _____

Professional's signature _____

Firm, agency, or program name _____

Address _____

City _____ Zip _____ Phone _____

Income Eligible Disabled Citizen

Discount Program

INCOME CERTIFICATION

Name_____
(PUD Account must be in name of Applicant or spouse)

PUD Account No. (if known)_____

Street Address _____

City _____Zip _____Telephone _____

Number of persons in your household over 21 (including yourself) _____

Applicants Age _____ Birth date _____ Spouse's Age _____ Birth date _____

TOTAL ANNUAL HOUSEHOLD GROSS INCOME FROM ALL SOURCES $ _____

AFFIDAVIT

I swear that all of the above statements marked are true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____

Name of Witness (print) _____

Signature of Witness _____ Date _____

Approved By: _____ **Date:** _____

[TH1]