

**WAHKIAKUM PUD  
SENIOR CITIZEN DISCOUNT PROGRAM  
INCOME ELIGIBILITY**

**APPLICATION**

I hereby apply for the Senior Citizen discount on electric utility bills as authorized by the Commissioners of PUBLIC UTILITY DISTRICT NO. 1 OF WAHKIAKUM COUNTY.

**ELIGIBILITY**

To qualify applicants must be 62 years of age or older and have \$18,000 or less **TOTAL GROSS ANNUAL HOUSEHOLD INCOME** for the previous calendar year. The program becomes effective in 2001.

**Must provide Identification and verification of income.**

Those persons who become eligible or apply after the beginning of the program will receive the discount beginning with the billing period in which they become eligible and the application is received.

I DO ATTEST AND AFFIRM THE FOLLOWING:

Name \_\_\_\_\_  
(PUD Account must be in name of Applicant or spouse)

PUD Account # (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 YEARLY HOUSEHOLD GROSS INCOME  
FROM ALL SOURCES \$ \_\_\_\_\_**

**AFFIDAVIT**

I swear that all of the above statements as 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: \_\_\_\_\_**