

PSE bill assistance application



Fill out this application; please type or print clearly and **keep a copy for your records.**

Household information (required)				
Applicant's name (last)	(First)	(Middle initial)	Last four of SSN/ITIN	Date of birth (mm/dd/yy)
Second adult in household (last)	(First)	(Middle initial)	Last four of SSN/ITIN	Date of birth (mm/dd/yy)
Email address				
Residence address	City	County	State	ZIP
Mailing address (if different than residence)	City	County	State	ZIP
Phone	Message phone	Date moved into residence		
Total # people in household	Household members (voluntary) # of people in household who are: ____ 0-2 yrs ____ 3-5 yrs ____ 6-17 yrs ____ 60+ yrs ____ Disabled			
Household member information (for more than six household members, list on back)				
Name (last, first)			Date of birth (mm/dd/yy)	
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Housing status		Housing type		Income
1 Own/buy	2 Subsidized	3 Rental	1 1-3 Family	2 4+ Family
\$ _____ per month			3 Hi-Rise	4 Mobile
			5 RV	Household's Monthly Income
\$ _____				
Household's Gross Monthly Income Sources				
1 \$ _____ Supplemental Security Income	6 \$ _____ Earned Income	11 \$ _____ L&I, Workers' Compensation		
2 \$ _____ TANF	7 \$ _____ Pension	12 \$ _____ Self Employment		
3 \$ _____ General Assistance (GAU)	8 \$ _____ Military	13 \$ _____ Other		
4 \$ _____ Veterans Affairs	9 \$ _____ Child Support			
5 \$ _____ Social Security Admin	10 \$ _____ Unemployment Benefits			
<p>I certify that the income information I have provided to demonstrate my eligibility for the Bill Discount Rate and PSE HELP program is accurate. I realize that upon request I may be asked for supporting documentation for verification. Also, eligibility for the Bill Discount Rate and PSE HELP programs must be re-declared each year, so I will need to reapply annually to maintain any assistance I receive.</p> <p>I hereby authorize Puget Sound Energy, Inc. (PSE) to disclose and exchange information about my application to my local Community Action Agency (Agency) and the Washington State Department of Commerce (Commerce). I understand that this information is or may be confidential and will be protected from unauthorized disclosure. I may revoke this authorization at any time by written notice to PSE and/or my local Agency.</p>				
Applicant's signature			Date	

Mail application to:
 Puget Sound Energy
 PO BOX 97034
 Bellevue, WA 98009-9942