



## Residential Low Income Assistance Program

Name \_\_\_\_\_ - \_\_\_\_\_  
 As It Appears On Your Energy Bill Account Number

Service Address \_\_\_\_\_  
 Street City Zip

Mailing Address \_\_\_\_\_  
 If Different From Service Address Street City Zip

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Number Of People Living In Household Adults \_\_\_\_ + Children \_\_\_\_ = Total \_\_\_\_

Your household's gross annual income may not exceed these Income Guidelines.

Number of Persons in Household	1	2	3	4	5
Total Combined Annual Income	\$51,800	\$59,200	\$66,600	\$73,950	\$85,800

(add \$7,400 for each additional household member)

(Please Check All Sources for Your Total Annual Household Income)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Wages or Salaries        | <input type="checkbox"/> School Grants, Scholarships or Other Aid Used for Living  | <input type="checkbox"/> Insurance Settlements    |
| <input type="checkbox"/> Savings Accounts         | <input type="checkbox"/> Profit from Self-Employment (IRS Form Schedule C Line 29) | <input type="checkbox"/> Legal Settlements        |
| <input type="checkbox"/> Stocks or Bonds          | <input type="checkbox"/> Disability Payments                                       | <input type="checkbox"/> TANF (AFDC)              |
| <input type="checkbox"/> Retirement Accounts      | <input type="checkbox"/> Workers Compensation                                      | <input type="checkbox"/> Food Stamps              |
| <input type="checkbox"/> Unemployment Benefits    | <input type="checkbox"/> Social Security, SSI, SSP                                 | <input type="checkbox"/> Child Support            |
| <input type="checkbox"/> Rental or Royalty Income | <input type="checkbox"/> Pensions  | <input type="checkbox"/> Cash and/or Other Income |
|   |  | <input type="checkbox"/> Spousal Support          |

Total Annual Household Income: \$ \_\_\_\_\_

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform Island Energy if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Island Energy can share my information with other utilities or their agents to enroll me in their assistance programs. Qualified applicants agree to follow Island Energy's Tariff and all conditions of the rate schedule.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_