



**APPLICATION FOR 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 or 2	3	4	5	6
Total Combined Annual Income	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000

(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,<br>Scholarships or Other Aid  | <input type="checkbox"/> Insurance Settlements<br><input type="checkbox"/> Legal Settlements<br><input type="checkbox"/> TANF (AFDC)<br><input type="checkbox"/> Food Stamps<br><input type="checkbox"/> Child Support<br><input type="checkbox"/> Cash and/or Other Income |
| Interest and/or Dividends from:<br><input type="checkbox"/> Savings Accounts<br><input type="checkbox"/> Stocks or Bonds<br><input type="checkbox"/> Retirement Accounts | <input type="checkbox"/> Profit from Self-<br>Employment (IRS Form<br><input type="checkbox"/> Disability Payments<br><input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Spousal Support<br><input type="checkbox"/> Parental Support   |
| <input type="checkbox"/> Unemployment Benefits<br><input type="checkbox"/> Rental or Royalty Income  | <input type="checkbox"/> Social Security, SSI, SSP<br><input type="checkbox"/> Pensions   |   |

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

I state that the information I have provided in this application is true and correct. I agree to provide herewith proof of income, including all the income tax returns of adults residing at the service address for the prior year. 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 will be required to pay back the discount I received. Qualified applicants agree to follow Island Energy's Tariff and all conditions of the rate schedule.

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