

Pacific Power Washington Low Income Bill Assistance (LIBA) Program Application



Submit application and income verification documents to your local community action agency:

OIC of Washington 717 Fruitvale Blvd. Yakima, WA 98902 (509) 955-7100	Northwest Community Action Center 706 Rentschler Ln Toppenish, WA 98948 LIBA@yvfwc.org (509)-865-7630	Blue Mountain Action Council 8 E Cherry St. Walla Walla, WA 99362 energy@bmacww.org (509) 529-4980
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LIBA Program Guidelines:

- Available to property owners or tenants that are Pacific Power residential customers.
- To qualify, customer’s household income at or below 200% FPL or 80% AMI, whichever is greater.
- Qualifying customers will be placed in one of the three qualifying discount levels, between 15% and 70% discount of net bill.
- Bill discount applicable only to customer’s primary residential service.
- Certification period is one year, and two-years for customers on fixed income.
- Customers certified by local community action agency partners.
- Contact your local agency for help with the application.

Application Renewal

PACIFIC POWER CUSTOMER INFORMATION: (All information is required. Please print clearly.)

Account Number: You can find this in the upper right hand corner of your Pacific Power bill.

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Name (as it appears on your Pacific Power bill)

Home Address (no P.O. Boxes, please) City, State Zip

Mailing Address (if different from home address) City, State Zip

Telephone Number Mobile Number

Email Address

I am currently on a fixed income and receive income or benefits from one or more of the following: Pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid (age 65 and over) or SSI. If so, please check this box:

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CUSTOMER HOUSEHOLD AND INCOME INFORMATION:

Number of persons in my household. + =
Adults Children Total

For table below, please include every member of your household 18 years and older starting with yourself. You must include income documentation for each source listed for each person.

Qualifying source of income refers to all sources, both taxable and nontaxable. These sources may include but not limited to the following: Alimony, Annuities, Child Support, Disability Compensation, Dividends, Foster Care payment, Interest, Military Pay, Pensions, Rental Income, Retirement, Royalties, TANF, Unemployment, Social Security, SSDI, SSI, Self-employment income (after expenses), Worker’s Compensation, Earned Wages/Salary, FMLA.

Household Members (18 years & Older)	Income Source	Total Gross Income Per Month			Deductions	Total Adjusted Gross Income
		Month 1	Month 2	Month 3		

Totals:

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DECLARATION (Please read carefully and sign below)

I certify that I have provided and reviewed the above information and is accurate to the best of my knowledge. I understand I will be responsible for possible loss of benefit if I have knowingly provided false information. I give permission to Pacific Power and this agency to release necessary account information for the purpose of eligibility determination and current or future data analysis. I understand that all information is kept confidential and will not be used for anything other than that stated above.

X _____
 Pacific Power Customer Signature

 Date

Agency Use Only	
File Number: _____	Benefit Level:
Certification Date: _____	Credit Level A (0-75% FPL) _____
Certification Period: _____	Credit Level B (76-100% FPL) _____
	Credit Level C _____ (101%-200% FPL or 80% AMI, whichever is greater)