ENERGY NET
Trinity Public Utilities District

Name(s) On Acct.:_____/_____Acct.#:_____

Mailing Address:_____Physical Location:_____

City:_____Zip:_____Phone:_____

Family Size:_____

Gross Monthly Income: Self:_____ Source:_____

Spouse:_____ Source:_____

Other:_____ Source:_____

I ATTEST THAT THE ABOVE INFORMATION IS TRUE.
I UNDERSTAND THAT I MUST PROVIDE PROOF OF INCOME
(Ex: Bank Statement, Pay Stubs, SSI/SDI Benefits Verification, Retirement Statement, etc.)

- I acknowledge by signing below that Health and Human Services & Trinity PUD will access this information.
- Eligibility is based on monthly gross income and family size. Gross income cannot exceed 150% of current poverty level.
- Applicant must provide proof of income with this application. Applications without proof of income will not be considered.
- Applicants will be ranked from the lowest income to the highest income combined with family size to determine priority.
- The number of persons receiving rate reductions will be determined by PUD.
- Rate reductions will be in effect for 6 months. All persons receiving rate reductions must reapply every 6 months.
- Reapplication does not guarantee renewal.

I have read the guidelines and submit my application based upon them.

_____
Printed Name

_____ _____
Signature **Date**

Federal Poverty Level Guidelines (2019)

Family Size	150% Monthly	150% Yearly
1	1,561	$18,735
2	2,114	$25,365
3	2,666	$31,995
4	3,219	$38,625
5	3,771	$45,255
6	4,324	$51,885
7	4,876	$58,515
8	5,429	$65,145
Add $4,320 for each additional family member		

Please drop off or mail signed application and proof of income to:

Trinity County Health and Human Services
P.O. Box 1470
Weaverville, CA 96093
Attn: Adult Services (E-Net)

Applications and proof of income can also be faxed to 530-623-1297. Be sure to include **Attn: Adult Services (E-Net)** on your cover sheet.

Or, apply online at https://www.trinitycounty.org/energynet/app