

ENERGY NET
TRINITY PUBLIC UTILITY DISTRICT

Name: _____ Acct.#: _____ Date: _____

Mailing Address: _____ Physical Location: _____

City: _____ Zip: _____ Phone: _____

Family Size: _____

Gross Monthly Income	
	Source
Self: _____	_____
Spouse: _____	_____
Other: _____	_____
TOTAL: _____ X12 mo. = \$ _____/yr.	

I ATTEST THAT THE ABOVE INFORMATION IS TRUE.
 I UNDERSTAND THAT I MAY BE ASKED TO VERIFY THE ABOVE INFORMATION.

Signature: _____

Date: _____

Family Size	150% Monthly	150% Yearly
1	1,354.00	16,245.00
2	1,821.00	21,855.00
3	2,289.00	27,465.00
4	2,756.00	33,075.00
5	3,224.00	38,685.00
6	3,691.00	44,295.00
7	4,159.00	49,905.00
8	4,626.00	55,515.00
Add \$3,740 for each additional family member		

ADMINISTRATIVE USE

Qualified: Y N

Verification Requested: Y _____ N
 Date

Verification Reviewed: _____
 date

PUD Notified: _____
 date

Entered Date: _____

Reapplication Date: _____

HRN Signature: _____
 (y:\ENERGY NET)

ENERGY NET GUIDELINES

- Eligibility will be based on monthly gross income.
- Gross income cannot exceed 150% of current poverty level.
- Applicants may be asked to verify income.
- An applicant who is asked for verification, and does not provide the information will not be considered for a rate reduction.
- Applicants will be ranked from the lowest income (highest priority) to the most income (lowest priority).
- Rate reduction assignments will be based solely on income – beginning with the lowest.
- 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

Please mail signed application and guidelines to:

**Human Response Network
P.O. Box 2370
Weaverville, CA 96093
Attn: E-Net**

See other side