



INLAND POWER'S BILL ASSISTANCE



At Inland Power we understand that financial burdens can come up from time to time. Our goal is to help those valued members through our bill assistance program when those challenging times arise.

Please note the following program details and requirements:

- Must be a current Inland Power residential member.
- Qualified members are allowed to submit one application request per calendar year.
- Assistance allowance varies based on program year requirements.
- All documentation requirements listed in the application package must be included at the time your application is submitted.
- Complete, sign and date application.

BILL ASSISTANCE APPLICATION



Inland Power

our mission is our members

The following information and all qualifying documents are required to ensure review and processing of your application. Thank you.

Member Information

Member Name: _____ Member #: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Email: _____

Service Address

Street Address: _____
City: _____ State: _____ Zip: _____
Is this your primary residence? Yes No

Mailing Address (if different than above)

Street Address: _____
City: _____ State: _____ Zip: _____

Household Information

Type of Home: Single-Family Manufactured Homeowner Tenant
*must be on account to qualify.
Year home was built: _____ Approx. Sq. Ft. of Home: _____
Pre-Existing Primary Heat Source: Any electric zonal Electric Forced Air Furnace Ductless Heat Pump
 Wood/Pellet Stove Propane Natural Gas Oil Ducted Heat Pump
Pre-Existing secondary heat source (if applicable): _____

BILL ASSISTANCE APPLICATION



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Annual Household Income

Please review the outline of required household income limits to qualify for the bill assistance program. All applicants must be at or below ranges listed on this breakdown. →

Annual Household Income:

\$ _____

Household Size (number of individual in the home):

Effective April 1, 2023 - March 31, 2024			
WX			
200% of the Poverty Income Guidelines			
Family Size	Annual Income Limit	Monthly Income Limit	3-Month Income Limit
1	\$29,160.00	\$2,430.00	\$7,290.00
2	\$39,440.00	\$3,286.67	\$9,860.00
3	\$49,720.00	\$4,143.33	\$12,430.00
4	\$60,000.00	\$5,000.00	\$15,000.00
5	\$70,280.00	\$5,856.67	\$17,570.00
6	\$80,560.00	\$6,713.33	\$20,140.00
7	\$90,840.00	\$7,570.00	\$22,710.00
8	\$101,120.00	\$8,426.67	\$25,280.00
Each Additional Member	\$10,280.00	\$856.67	\$2,570.00

Documentation Requirements

- Completed bill assistance application
- Proof of yearly annual household income for every individual over the age of 18. Please provide one of the following:
 - Copy of previous year's federal tax return
 - Copy of pay stub, which must include your income amount and frequency of pay
 - Wages and tax statements (such as W-2, 1099, 1099-MISC)
 - Social Security Administration Statements
 - Unemployment Benefits Letter
 - Other _____

Terms & Conditions

By signing this application, you are declaring and certifying that the information on this application and all supporting documents attached are correct and complete. Additionally, you agree to hold Inland Power & Light harmless from any and all liability resulting from your application.

To be eligible for the Bill Assistance Program, a member must be an active and primary Inland Power & Light member. Eligible members are allowed to submit one application per calendar year.

Signature of Applicant

Date of Signature (Applicant)



Submit completed form to:
inlandpower@inlandpower.com

Questions? Please call:
509-789-4277

-or- Inland Power & Light
Attn: Member Services
PO Box A
Spokane, WA 99219