



# INLAND POWER'S BILL ASSISTANCE



**A**t 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

Below is an outline of required household income limits based on county location in order to qualify for the bill assistance program. All applicants must be at or below ranges listed on this breakdown:

Number of People in Household	Adams	Asotin	Columbia	Franklin	Garfield	Grant	Lincoln	Pend Oreille	Spokane	Stevens	Walla Walla	Whitman
1	47,570	41,611	48,132	68,269	47,317	41,964	49,455	50,406	49,352	37,770	49,903	47,242
2	47,570	41,611	48,132	68,269	47,317	41,964	49,455	50,406	49,352	37,770	49,903	47,242
3	47,570	46,060	48,132	68,269	47,317	46,060	49,455	50,406	49,352	46,060	49,903	47,242
4	55,500	55,500	55,500	68,269	55,500	55,500	55,500	55,500	55,500	55,500	55,500	55,500
5	64,940	64,940	64,940	68,269	64,940	64,940	64,940	64,940	64,940	64,940	64,940	64,940
6	74,380	74,380	74,380	74,380	74,380	74,380	74,380	74,380	74,380	74,380	74,380	74,380
7	83,820	83,820	83,820	83,820	83,820	83,820	83,820	83,820	83,820	83,820	83,820	83,820
8	93,260	93,260	93,260	93,260	93,260	93,260	93,260	93,260	93,260	93,260	93,260	93,260
8+	Add 4,540/ Person	Add 4,540/ Person	Add 4,540/ Person	Add 4,540/ Person	Add 4,540/ Person	Add 4,540/ Person	Add 4,540/ Person	Add 4,540/ Person	Add 4,540/ Person	Add 4,540/ Person	Add 4,540/ Person	Add 4,540/ Person

Annual Household Income \$ \_\_\_\_\_

Household Size (number of individual in the home): \_\_\_\_\_

## 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](mailto:inlandpower@inlandpower.com)

Questions? Please call:  
509-789-4277

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