My Energy Discount

Apply for Avista's monthly bill discount program today.

*Required

CUSTOMER INFORMATION

FIRST NAME* _____ **LAST NAME*** _____
(As it appears on your Avista bill.)

AVISTA ACCOUNT NUMBER _____

EMAIL ADDRESS _____
(By providing your email address, you authorize Avista to send you information regarding your Avista account.)

DAYTIME PHONE NUMBER _____

ADDRESS WHERE YOU RECEIVE GAS SERVICE* (Do not use PO Box.)

_____

CITY* _____ **STATE*** _____ **ZIP*** _____

PREFERRED METHOD OF COMMUNICATION? ☐ MAIL ☐ EMAIL ☐ PHONE

HOUSEHOLD INFORMATION

HOW MANY PEOPLE RESIDE IN YOUR HOUSEHOLD?* _____

HOUSEHOLD INCOME* Please add up all the income from every household member, before taxes and deductions. Select either monthly or annual income and indicate the amount in the space below:

☐ **MONTHLY INCOME** _____ ☐ **ANNUAL INCOME** _____

HOUSING ☐ Own/Buy ☐ Rent

FUEL/HEAT SOURCE ☐ Electric ☐ Natural Gas ☐ Other ☐ Don't Know

DEMOGRAPHICS

To create a program that best serves our customers, the following optional demographic information would be appreciated. This voluntary information will be anonymous and will not impact your ability to receive assistance.
Please select the boxes that best describe you as a participant in the My Energy Discount – Oregon program:

EDUCATION ☐ 0-8 Grade ☐ 9-12 Non-High School Graduate ☐ High School Graduate/GED ☐ 12+ Some Post-Secondary ☐ 2-4 Year College Graduate

DO YOU IDENTIFY AS A PERSON WITH A DISABILITY OR OTHER LONG-TERM CHRONIC CONDITION? ☐ Yes ☐ No

MILITARY VETERAN ☐ Yes ☐ No

SENIOR OVER 60 ☐ Yes ☐ No

RACE ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Multi-Race ☐ Other

ETHNICITY Hispanic or Latino ☐ Yes ☐ No

PREFERRED LANGUAGE ☐ English ☐ Spanish ☐ Other (please note) _____

HOW DID YOU HEAR ABOUT AVISTA'S MY ENERGY BILL DISCOUNT PROGRAM?
☐ Local Community Agency (agency name) _____
☐ Avista ☐ Family/Friend ☐ Other (please note) _____

PAST DUE BALANCES?
If your Avista account is past due at the time this application is processed, Avista will enroll you in any past-due assistance programs you are eligible for. **Check the opt-out box below if you do not wish to participate.**

☐ Opt me out of past-due assistance programs.

(continued on reverse side)

Household Unit Size	Monthly Total Gross Income*	Yearly Total Gross Income*
1	$3,199	$38,384
2	$4,183	$50,194
3	$5,167	$62,005
4	$6,151	$73,816
5	$7,136	$85,626
6	$8,120	$97,437
7	$8,304	$99,651
8	$8,489	$101,866
9	$8,673	$104,080
10	$8,858	$106,295
11	$9,042	$108,509
12	$9,227	$110,724
Each Additional Member	$185	$2,214

*Income Criteria: 60% or below the State Median Income (SMI) as of 10/01/2025).

Scan to apply at myavista.com.

You can also apply by calling Avista customer service at **(800) 227-9187**.

AVISTA®

*Required

Avista My Energy Discount Program Participant Terms and Conditions

By signing these terms and conditions, I certify that the information I have provided in this application is true and correct.

I am the Avista account holder or co-tenant of my household who is financially responsible for the Avista account.

I have read and understand the contents of this application, and I agree to the following terms and conditions for receiving Avista's My Energy Discount:

1. I understand that I must disclose my income and number of household members to determine my eligibility for Avista's My Energy Discount program.
2. I acknowledge that I may be required to verify my eligibility with my local community action agency based on the information I disclose. I authorize Avista to share my information with my local community action agency for this purpose.
3. I will notify my local community action agency if there is a change in household income and/or number of individuals living in my household while I am enrolled in Avista's My Energy Discount program.
4. I understand that by updating my household information with my local community action agency, my discount amount may change based on the information I disclose.
5. I understand I may need to requalify for Avista's My Energy Discount program to continue receiving My Energy Discount.
6. I authorize Avista to share my information with my local community action agency to refer me for other Avista assistance programs, such as weatherization and bill assistance.
7. I understand that the terms of the My Energy Discount program may change from time to time due to factors such as funding availability or regulatory requirements.

Name:* _____

Account Number:* (_____) _____

Customer Signature:* _____

Please send completed application to:

Avista
Lobby Rep, MSC-34
PO Box 3727
Spokane, WA 99220-3727

You can also apply by calling Avista customer service at **(800) 227-9187** Monday - Friday, 7 am to 7 pm, and Saturday from 9 am to 5 pm. You can also schedule an appointment with your local community action agency (see chart to the right) to complete the full enrollment application, as well as receive information on additional forms of assistance.

Agency	Contact Information	Service Area
ACCESS	(541) 779-9020	Jackson County
CCNO Community Connection of Northeast Oregon, Inc.	(541) 963-7532	Union County
KLCAS Klamath & Lake Community Action	(541) 882-3500	Klamath County
UCAN United Community Action Network	(855) 935-2542	Douglas and Josephine Counties