

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 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 _____

HOW MUCH OF THIS INCOME WAS FROM EMPLOYMENT?* _____

IS YOUR HOUSEHOLD SUPPORTED ENTIRELY BY A FIXED INCOME FROM ANY OF THE FOLLOWING SOURCES: SSI, SSID, PENSION, VETERANS PAY, OR OTHER PRIVATE DISABILITY INCOME? ☐ Yes ☐ No

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 – Washington 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) _____

WOULD YOU LIKE TO BE CONTACTED FOR ADDITIONAL HELP WITH PAST DUE BALANCES?

☐ Yes ☐ No

WHAT OTHER TYPES OF ASSISTANCE WOULD YOU LIKE TO LEARN ABOUT FROM YOUR LOCAL COMMUNITY ACTION AGENCY?

☐ Food ☐ Housing ☐ Other Utilities ☐ Weatherization ☐ Financial Education



Scan to apply
at myavista.com.

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

(continued on reverse side)



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 6 pm. You can also schedule an appointment with your local community action agency (see chart below) to complete the full enrollment application, as well as receive information on additional forms of assistance.

Agency	Contact Information	Service Area
Community Action Partnership (CAP)	(208) 746-3351	Asotin County
Opportunities Industrialization Center (OIC) of Washington	(509) 765-9206	Adams, Franklin and Grant Counties
Rural Resources - Community Action	(509) 685-6000	Stevens, Ferry, Lincoln & Pend Oreille Counties
Spokane Neighborhood Action Partners (SNAP)	(509) 456-SNAP (7627)	Spokane County
Community Action Center (CAC)	(509) 334-9147	Whitman County
Washington Gorge Action Programs (WGAP)	(509) 493-2662 or (800) 755-1192	Klickitat and Skamania Counties
Spokane Tribe of Indians	(509) 458-8000	Spokane Tribe

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*

Customer Signature:*

*Required

Is your income slightly above the guideline? It's still worth applying.

We adjust a portion of income earned through work when reviewing applications. As a result, some households may be eligible even if their income appears above the amounts shown below.

Washington Income Guidelines:

Total Gross household income is before any deductions or taxes. It includes all revenues from all people living in the home, including but not limited to wages, salaries, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment, and all employment-related, non-cash income.

County	Income Reporting	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person*
Adams, Ferry, Grant, Klickitat, Lincoln, Pend Oreille, Stevens	Monthly	\$4,529	\$5,175	\$5,821	\$6,467	\$6,988	\$7,504	\$8,340	\$9,287
	Yearly	\$54,350	\$62,100	\$69,850	\$77,600	\$83,850	\$90,050	\$100,080	\$111,440
Asotin	Monthly	\$4,471	\$5,113	\$5,750	\$6,388	\$6,900	\$7,413	\$8,340	\$9,287
	Yearly	\$53,650	\$61,350	\$69,000	\$76,650	\$82,800	\$88,950	\$100,080	\$111,440
Franklin	Monthly	\$4,921	\$5,621	\$6,325	\$7,025	\$7,588	\$8,150	\$8,713	\$9,287
	Yearly	\$59,050	\$67,450	\$75,900	\$84,300	\$91,050	\$97,800	\$104,550	\$111,440
Skamania	Monthly	\$5,992	\$6,846	\$7,700	\$8,554	\$9,242	\$9,925	\$10,608	\$11,292
	Yearly	\$71,900	\$82,150	\$92,400	\$102,650	\$110,900	\$119,100	\$127,300	\$135,500
Spokane	Monthly	\$5,158	\$5,896	\$6,633	\$7,367	\$7,958	\$8,546	\$9,138	\$9,725
	Yearly	\$61,900	\$70,750	\$79,600	\$88,400	\$95,500	\$102,550	\$109,650	\$116,700
Whitman	Monthly	\$4,813	\$5,500	\$6,188	\$6,875	\$7,425	\$7,975	\$8,525	\$9,287
	Yearly	\$57,750	\$66,000	\$74,250	\$82,500	\$89,100	\$95,700	\$102,300	\$111,440

*Please call us at (800) 227-9187 if you have more than 8 people in your household.
Income Criteria: 0% to the greater of 200% Federal Poverty Level (FPL) or 80% Area Median Income (AMI) as of 10/01/2026.