

My Energy Discount – Washington

Apply for Avista's personalized monthly discount today.

To see if you qualify, simply share the number of people in your household and your total household income. By signing the customer agreement, you are certifying the accuracy of this information. If you qualify, you will begin seeing a monthly discount on your bill for the next two years!

Note that some customers will be randomly selected to verify their income. If selected, you will have three (3) months from the date of notice to complete the verification process or be removed from the program.

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

(continued on reverse side)



Scan for more information.



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 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, Health & Human Services	(509) 606-2018	Spokane Tribe

Customer Agreement:

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

I certify that I am the Avista account holder or co-tenant of my household who is financially responsible for the Avista account. I further acknowledge that I have read and understand the contents of this application.

I also agree to the following terms and conditions for receiving Avista's My Energy Discount – Washington:

1. I understand that I must declare my income and number of household members to determine my eligibility for Avista's My Energy Discount program.
2. I agree and acknowledge that I may be required to verify my eligibility based on my declaration.
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 the program.
4. I understand that by updating my household information with my local community action agency, my discount amount may be changed to reflect my household situation.
5. Beyond any changes in my household income and/or number of individuals living in my household, I understand I will need to requalify for the bill discount to maintain the discount of the original enrollment period.
6. I understand that my information will be shared with my local community action agency to refer me for other assistance programs.
7. I authorize Avista to share my information with my local community action agency.

Signed: _____

Date: _____

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	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Asotin	Monthly	\$3,954	\$4,517	\$5,083	\$5,646	\$6,100	\$6,713	\$7,570	\$8,427
	Annual	\$47,450	\$54,200	\$61,000	\$67,750	\$73,200	\$80,560	\$90,840	\$101,120
Ferry	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Franklin	Monthly	\$4,313	\$4,929	\$5,546	\$6,158	\$6,654	\$7,146	\$7,638	\$8,427
	Annual	\$51,750	\$59,150	\$66,550	\$73,900	\$79,850	\$85,750	\$91,650	\$101,120
Grant	Monthly	\$3,938	\$4,500	\$5,063	\$5,621	\$6,071	\$6,713	\$7,570	\$8,427
	Annual	\$47,250	\$54,000	\$60,750	\$67,450	\$72,850	\$80,560	\$90,840	\$101,120
Klickitat	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Lincoln	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Pend Oreille	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Skamania	Monthly	\$5,263	\$6,017	\$6,767	\$7,517	\$8,121	\$8,721	\$9,321	\$9,925
	Annual	\$63,150	\$72,200	\$81,200	\$90,200	\$97,450	\$104,650	\$111,850	\$119,100
Spokane	Monthly	\$4,154	\$4,750	\$5,342	\$5,933	\$6,408	\$6,883	\$7,570	\$8,427
	Annual	\$49,850	\$57,000	\$64,100	\$71,200	\$76,900	\$82,600	\$90,840	\$101,120
Stevens	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Whitman	Monthly	\$3,946	\$4,508	\$5,071	\$5,633	\$6,088	\$6,713	\$7,570	\$8,427
	Annual	\$47,350	\$54,100	\$60,850	\$67,600	\$73,050	\$80,560	\$90,840	\$101,120

*Please call us at (800) 227-9187 if you have more than 8 people in your household. Income amounts effective 10/1/23 - 9/30/24