

# My Energy Rate Application

Avista's My Energy Rate offers a monthly bill discount for income-qualified Oregon residential customers. Residential customers can qualify by stating the number of individuals residing in their household and the total gross annual or monthly income (income before taxes and deductions). Once qualified, they will receive a monthly percentage of discount for a two-year term.

To enroll in Avista's My Energy Rate program, customers must attest that their income information is accurate and may be required to verify their attestation. If a customer is informed that they were randomly selected to verify their attestation, they will have two (2) months from the date of notice to complete the verification process or will be removed from the program.

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 from time to time 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

HOW MANY PEOPLE RESIDE IN YOUR HOUSEHOLD? \_\_\_\_\_

**HOUSEHOLD INCOME** Please add up all the income from every household member and include it in the box(es) below that matches your household's total gross income (before taxes and deductions).

RECENT GROSS HOUSEHOLD MONTHLY INCOME \_\_\_\_\_

FOR THE MONTH OF \_\_\_\_\_

OR GROSS HOUSEHOLD ANNUAL INCOME \_\_\_\_\_

**PLEASE SELECT THE BOXES THAT BEST DESCRIBE YOU AS A PARTICIPANT**

**IN THE MY ENERGY RATE PROGRAM** (This optional demographic information will be reported anonymously and will not be used to identify you in any way. This information will help us understand the categories of customers who are benefiting from the My Energy Rate program).

**HOUSING**  Own/Buy  Rent

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

**ETHNICITY** Hispanic or Latino  Yes  No

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

**DEMOGRAPHICS** Living with Disability  Yes  No

**MILITARY VETERAN**  Yes  No

**SENIOR OVER 60**  Yes  No

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

**PREFERRED LANGUAGE**  English  Spanish  Other (please note) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT AVISTA'S MY ENERGY RATE BILL DISCOUNT PROGRAM?**

Local Community Agency (agency name) \_\_\_\_\_

Avista  Family/Friend  Other (please note) \_\_\_\_\_

Household Unit Size	Annual Gross Income*	Monthly Gross Income*
1	\$31,266	\$2,606
2	\$40,886	\$3,407
3	\$50,506	\$4,209
4	\$60,126	\$5,011
5	\$69,747	\$5,812
6	\$79,367	\$6,614
7	\$81,171	\$6,764
8	\$82,974	\$6,915
9	\$84,778	\$7,065
10	\$86,582	\$7,215
11	\$88,386	\$7,366
12	\$90,189	\$7,516
Each Additional Member	\$1,803	\$150

Source: Estimated State Median by Household Size-Source HHS

\*Total Gross household income is before any deductions or taxes and includes all taxable and non-taxable revenues from all people living in the home, from whatever sources derived, 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.



## 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, 9 am to 5 pm, or schedule an appointment with your local community action agency (see chart to the right) to complete the full enrollment application.

Agency	Service Area	Contact Information
ACCESS	Jackson County	(541) 779-9020
CCNO Community Connection of Northeast Oregon, Inc.	Union County	(541) 963-7532
KLCAS Klamath & Lake Community Action	Klamath County	(541) 882-3500
UCAN United Community Action Network	Douglas and Josephine Counties	(855) 935-2542 Or visit: <a href="http://ucan.as.me/EnergyAssistance">ucan.as.me/EnergyAssistance</a>

### Customer Agreement:

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

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

I also agree to the terms and conditions for receiving Avista's My Energy Rate bill discount, including the following:

1. I understand that I must attest my income and number of household members to determine my eligibility for Avista's My Energy Rate program.
2. I agree and acknowledge that I may be required to verify my eligibility based on my attestation.
3. I will notify my local community action agency if there is a change in household income and/or the number of individuals living in my household while I am enrolled in the program.
4. Beyond any changes in my household income and/or the number of individuals living in my household, I understand I will need to requalify every two years to maintain the discount past the original two-year enrollment period.
5. My information will be shared with my local community action agency to refer me for other assistance programs, such as weatherization and bill assistance.
6. I authorize Avista to share my information with my local community action agency.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

