

**ENERGY NET**  
**Trinity Public Utilities District**

Name(s) On Acct.: \_\_\_\_\_ / \_\_\_\_\_ Acct.#: \_\_\_\_\_

Physical Location: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Family Size: \_\_\_\_\_

Gross Monthly Income:	Self: _____	Source: _____
	Spouse: _____	Source: _____
	Other: _____	Source: _____

I ATTEST THAT THE ABOVE INFORMATION IS TRUE.  
I UNDERSTAND THAT I MUST PROVIDE PROOF OF GROSS INCOME  
(Ex: Pay Stubs, Social Security Benefits Verification, Retirement Statement, etc.)  
(Bank statements are not acceptable proof of gross income)

- I acknowledge by signing below that Health and Human Services & Trinity PUD will access this information.
- Eligibility is based on monthly gross income and family size. Gross income cannot exceed 150% of current poverty level.
- Applicant must provide proof of gross income (money received before anything is taken out for taxes or other deductions) with this application. Applications without proof of gross income will not be considered.
- Applicants will be ranked from the lowest income to the highest income combined with family size to determine priority.
- The number of persons receiving rate reductions will be determined by PUD.
- Rate reductions will be in effect for 6 months. All persons receiving rate reductions must reapply every 6 months.
- Reapplication does not guarantee renewal.

I have read the guidelines and submit my application based upon them.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Federal Poverty Level Guidelines (2020)**

<b>Family Size</b>	<b>150% Monthly</b>	<b>150% Yearly</b>
1	\$1,595	\$19,140
2	\$2,155	\$25,860
3	\$2,715	\$32,580
4	\$3,275	\$39,300
5	\$3,835	\$46,020
6	\$4,395	\$52,740
7	\$4,955	\$59,460
8	\$5,515	\$66,180
<u>Add \$4,480 for each additional family member</u>		

Please drop off or mail signed application and proof of gross income to:

**Trinity County Health and Human Services  
51 Industrial Park Way | P.O. Box 1470  
Weaverville, CA 96093  
Attn: Adult Services (E-Net)**

Applications and proof of income can also be faxed to 530-623-1297.  
Be sure to include **Attn: Adult Services (E-Net)** on your cover sheet.

Or, apply online at <https://www.trinitycounty.org/energynet/app>

