

CUSTOMER ASSISTANCE DISCOUNT PROGRAM APPLICATION



CITY OF AUSTIN UTILITY ACCOUNT INFORMATION

Name of Account Holder: Last, First and Middle Initial

Utility Account Number

Service Address

Mailing Address (if different from service address)

Home Phone

Work Phone

E-mail Address

Account Holder's Signature for Authorization

Name of Person Eligible for Customer Assistance Program

Date of Birth

ELIGIBILITY DOCUMENTATION - You **MUST** send a copy of either income or program documents. Failure to provide one form of these documents will result in an application denial.

QUALIFYING INCOME DOCUMENTATION

HOUSEHOLD SIZE - Number of people living in your household: _____ (Include all adults and children at this address)
Your total household gross annual income from all sources cannot exceed these guidelines:

Number of Persons in Household	1	2	3	4	5	6	7	8
Total Household Annual Income	\$25,520	\$34,480	\$43,440	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240

If you are qualifying using your total household income, you MUST provide proof of household income with this application (provide **all** documents that apply).

- Copy of most recent pay stub(s) from all employers covering the last two months for all members of the household
- Your most recently filed tax return (must be signed) or W-2 form
- A signed letter from each employer indicating the level of your wage
- Documentation of social security income
- Copy of an unemployment form with eligibility dates
- Copies of the two most recent unemployment checks
- Copy of the most recent bank statement showing direct deposit of income (for SSI, Social Security, annuity, pension)

QUALIFYING PROGRAM DOCUMENTATION

If you or someone in your household participates in a program listed below, please send a copy of documentation.

1. Medicaid Notice of Case Action Letter from Texas Department of Health & Human Services
2. Supplemental Nutrition Assistance Program (SNAP) Notice of Case Action Letter from Texas Department of Health & Human Services (also known as Food Stamps)
3. Children's Health Insurance Program (CHIP) Confirmation Enrollment Letter from Texas Department of Health & Human Services
4. Telephone Lifeline Program Enrollment Letter or Phone Bill Reflecting Lifeline Enrollment
5. Travis County Comprehensive Energy Assistance Program (CEAP) Notice of Payment Letter
6. Medical Access Program (MAP) Clinic Card
7. Supplemental Security Income (SSI) Award Letter
8. Veterans Affairs Supportive Housing (VASH) Letter

APPLICATION SUBMISSION

MAIL TO: Customer Assistance Program
PO Box 848
Killeen, Texas 76540-9915

-OR-

EMAIL TO: billhelp@austinenergy.com

FAX TO: (855) 319-6629

QUESTIONS?: (855) 319-6630