

SECTION 1 – Applicant Information

The person whose name is on the Telephone and Electric bills **MUST** fill out this section. The person in whose name the utility bills appear **must** live at the service address.

Name of Telephone Customer: _____
As it appears on your utility bill (please print)

Name of Electric Customer: _____
If different from above (please print)

Address: _____ City: _____ Zip Code: _____

Telephone Number: (____) _____ - _____ Social Security Number: _____ - _____ - _____

Email Address: _____

YOU MUST INCLUDE A COPY OF YOUR LATEST TELEPHONE AND ELECTRIC BILLS

The telephone listed above is my primary telephone number and service is provided by:

Name of my telephone company

I understand that only one telephone number in my household is eligible for the Lite-up Texas discount and I authorize the discount to be provided by the telephone company listed above.

X _____
Applicant's Signature

Declaration *(please read carefully and sign)*

The person in whose name the utility service is billed must complete and sign this section.

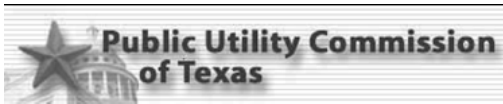
By signing this form, I state that the information I have provided in this application is true and correct. I understand that the information provided is subject to audit and investigation by the Public Utility Commission of Texas.

X _____ **Date:** _____
Applicant's Signature

Before you Mail or Fax your Application

1. Make sure your Name is printed in Section 1.
2. Make sure you write in the number of household members and complete the worksheets on page 2.
3. If qualifying by income: Make sure you list the income for ALL household members and provide ALL of your income documentation.
4. If qualifying by program: Make sure you provide documentation to support participation in the qualifying program.
5. **Make sure you Sign the application.**

Mail completed application and required documentation to:
LITE-UP Texas
1779 Wells Branch Parkway
Suite 110B #357
Austin, Texas 78728-7022
FAX: 1-877-215-8018



SECTION 2 – Income Enrollment Worksheet

HOUSEHOLD SIZE – Number of people living in your household: _____ (Include all adults and children residing 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 - Telephone	\$16,245	\$21,855	\$27,465	\$33,075	\$38,685	\$44,295	\$49,905	\$55,515
Total Household annual income - Electric	\$13,538	\$18,213	\$22,888	\$27,563	\$32,238	\$36,913	\$41,588	\$46,263

Type of Income	Dollar Amount	Frequency (Monthly, Weekly, etc.)
Wages from Employment as shown on pay stub or W-2 Form		
Social Security		
Retirement Income		
Alimony or Child Support		
Unemployment or Worker's Compensation		
All Other Earnings		

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)

SECTION 3 – Program Benefit Enrollment Worksheet

<u>Telephone Discount</u> Enrollment by any member of your household in any of the programs listed below	<u>Electric Discount</u> Enrollment by the applicant/electric customer in either of the programs listed below
<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental Security Income-SSI <input type="checkbox"/> Health Benefit Coverage under Child Health Plan (CHIP) <input type="checkbox"/> Low-Income Energy Assistance Program - LIHEAP <input type="checkbox"/> Federal Public Housing Assistance	<input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> Medicaid

IF YOU ARE QUALIFYING BECAUSE OF ELIGIBILITY IN A QUALIFIED PROGRAM YOU MUST PROVIDE PROOF OF PROGRAM PARTICIPATION WITH THIS APPLICATION

Eligible Resident of Tribal Lands (indicate which tribe): _____

Provide documentation of tribe affiliation and participation in at least one of the following: Bureau of Indian Affairs General Assistance, Tribally-Administered Temporary Assistance for Needy Families, Head Start (only those meeting its income qualifying standard), or the National School Lunch Program's free lunch program.

Benefit Recipient – Telephone Discount Only

Please provide the name of the person in your household who is receiving one of the eligible benefits listed above.

Note: you must provide proof that this person participates in one of the eligible programs.

Name of Benefit Recipient: _____