

APS Energy Support Program

To qualify for discounts under the APS Energy Support Program (E-3), all of the following statements must apply to you.

- I am an APS customer and the APS bill is in my name.
- My household income is at or below the income level in the listing below. (Be sure to complete your household's total gross monthly income in the box below.)

Household Size	Monthly Income Level	Household Size	Monthly Income Level
1 Person	1,122	6 People	3,085
2 People	1,515	7 People	3,477
3 People	1,908	8 People	3,870
4 People	2,300	9 People	4,263
5 People	2,692	10 People	4,656

For more than 10 people, add \$393 per person (example: 11=\$5,049).

Please print the following information. INCOMPLETE INFORMATION WILL DELAY YOUR DISCOUNT. The name used here to apply for the discount MUST be the same as the name on the APS bill.

NAME AS SHOWN ON APS BILL (LAST, FIRST, M.I.)			SOCIAL SECURITY NO.		
MAILING ADDRESS (NUMBER AND STREET)			DATE OF BIRTH		
CITY	STATE	ZIP CODE	HOME TELEPHONE NUMBER		
RESIDENTIAL ADDRESS (NUMBER AND STREET)			TOTAL NO. OF PERSONS LIVING IN HOUSEHOLD		
CITY	STATE AZ	ZIP CODE	HOUSEHOLD'S TOTAL GROSS MONTHLY INCOME \$		
(AS SHOWN ON APS BILL)					
APS ACCOUNT NO.					

← ACCOUNT NUMBER MUST BE FILLED IN

Permission is hereby granted to the Department of Economic Security to contact any sources necessary to establish the accuracy of information given by me or other information which pertains to the verification of my eligibility to receive services under the APS Energy Support Program (E-3). Permission is also granted to the Department of Economic Security and APS to exchange information regarding my electric utility account for the purpose of receiving a discount on my electric bill. I further understand that the disclosure of my Social Security number is voluntary and not mandatory, and will only be used for the purpose stated herein.

X

Signature

Today's Date

NOTE: Application must be signed by THE PERSON WHOSE NAME APPEARS ON THE APS BILL. Please allow 30 - 45 days for processing.

MAIL COMPLETED FORM TO: Arizona Department of Economic Security
APS Energy Support Program (E-3) - 086Z
PO Box 18165
Phoenix, AZ 85005-9946

THIS FORM EXPIRES ON JUNE 30, 2004