

# Lower your electric bill by as much as 40 percent

If you qualify under the income guidelines listed on the form, you may be eligible to receive a discount of as much as 40 percent off your cost of electricity. The amount of the discount depends on how much electricity you use each month.

## Energy discounts

<u>If you used this amount</u>	<u>You are entitled to this discount</u>
400 kWh or less . . . . .	40 percent
401 – 800 kWh. . . . .	26 percent
801 – 1,200 kWh. . . . .	14 percent
More than 1,200 kWh. . . . .	\$13

## How to apply

It's easy. Simply complete the form on the other side of this page and drop it in the mailbox.

If you qualify, you'll begin receiving discounts on your bill. Once you're on the program, the discounts will appear automatically!

For more information, call APS at 602-371-7171 in Phoenix, or 800-253-9405 statewide.

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web version  
of insert*

# 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	1,197	6 People	3,234
2 People	1,604	7 People	3,642
3 People	2,012	8 People	4,049
4 People	2,420	9 People	4,457
5 People	2,826	10 People	4,865

For more than 10 people, add \$408 per person (example: 11 = \$5,273).

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 \$		
APS ACCOUNT NO. (AS SHOWN ON APS BILL)					

← 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.

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.

FOLD FORM IN HALF, MAKING SURE THAT THE MAILING INFORMATION IS VISIBLE.  
MOISTEN GLUE, PRESS BOTH PARTS FIRMLY TOGETHER AND MAIL.

***THIS FORM EXPIRES ON JUNE 30, 2006***