

# Your guide to completing the Energy Support with Medical program application.

When applying for the Energy Support with Medical program, the first step is to complete the Energy Support program application. Once you are approved for the Energy Support program, then you can submit your Medical Care program application—which the licensed medical professional verification. If you are already enrolled in the Energy Support program, jump to section 6 to learn how to complete the Medical Care program application.

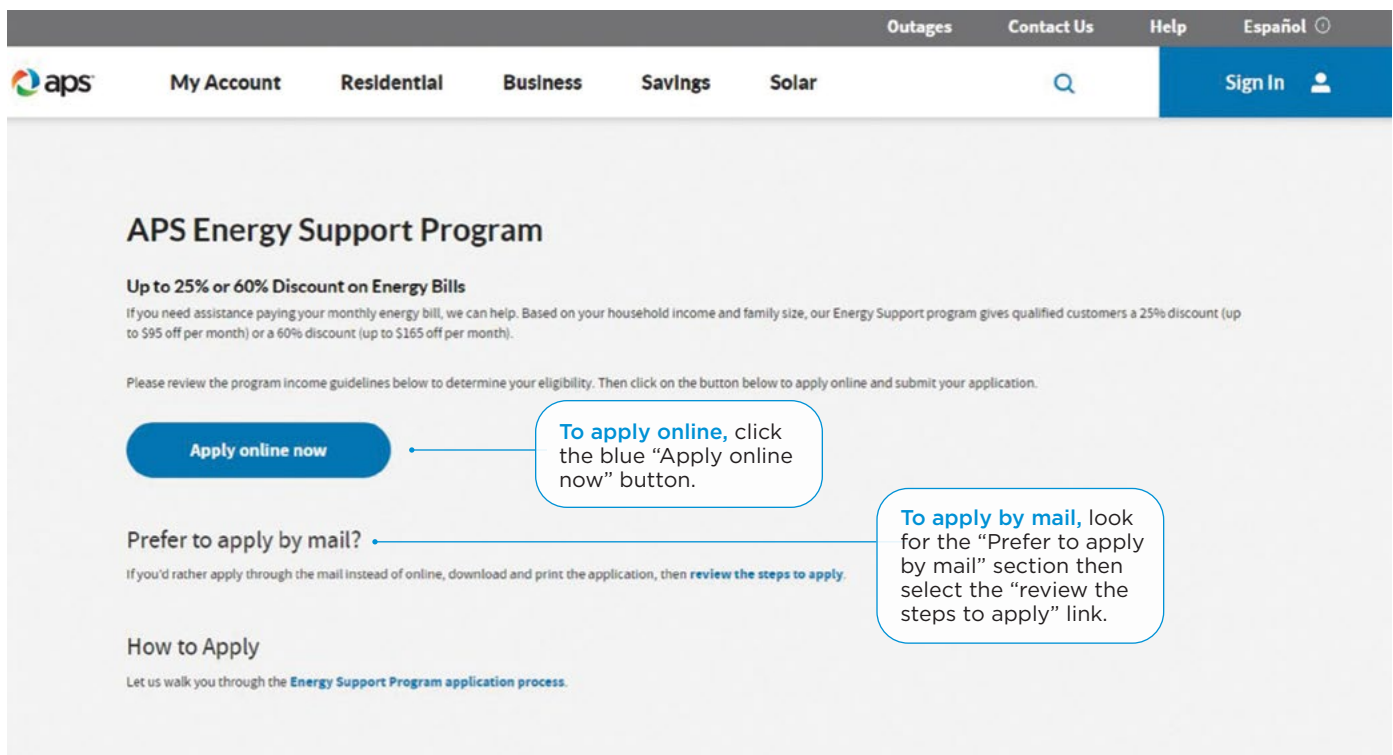
## Section 1: Verify your income and account number

Before you start, you need to gather and verify some information.

1. Visit [aps.com/assist](https://aps.com/assist) or view the income guidelines on the next page to see if you qualify.
  - Guidelines are updated annually in July.
2. Get your APS account # from your bill.
  - If you don't have the bill, you can call APS: **(602) 371-7171** in metro Phoenix or **(800) 253-9405** in all other areas.
  - Note: you'll need the phone number or the social security number associated with the account.

## Section 2: There are two ways to fill out the application

You can find the applications at [aps.com/assist](https://aps.com/assist). You can complete it online. Or download, print and mail it in.



The screenshot shows the APS Energy Support Program application page. The navigation bar includes links for Outages, Contact Us, Help, and Español. The main navigation includes My Account, Residential, Business, Savings, and Solar. A search icon and a Sign In button are also present.

**APS Energy Support Program**

**Up to 25% or 60% Discount on Energy Bills**

If you need assistance paying your monthly energy bill, we can help. Based on your household income and family size, our Energy Support program gives qualified customers a 25% discount (up to \$95 off per month) or a 60% discount (up to \$165 off per month).

Please review the program income guidelines below to determine your eligibility. Then click on the button below to apply online and submit your application.

**Apply online now**

**To apply online**, click the blue “Apply online now” button.

**Prefer to apply by mail?**

If you'd rather apply through the mail instead of online, download and print the application, then [review the steps to apply](#).

**To apply by mail**, look for the “Prefer to apply by mail” section then select the “review the steps to apply” link.

**How to Apply**

Let us walk you through the [Energy Support Program application process](#).

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## Section 3: Collecting your income documents

As part of the application process and to determine eligibility, we will need to verify your gross household income. There are multiple discount levels depending on your household income and family size.

Customers who meet the program’s income guidelines, shown in the chart at right, and complete the Medical Care Program application, could save up to 35% or 60% on their energy bills every month.

It is important to include copies of your household’s monthly or annual income documentation to qualify for the 60% discount. Providing a specific monthly or annual income number helps us give you the highest discount that you qualify for.

If you provide a copy of your EBT card or income documents that do not show your specific income, you can still qualify for the 35% discount.



### Examples that show proof of income for the 60% or 35% discount include:

- Last month’s pay stubs for everyone in the household
- Last year’s W-2s
- Last year’s tax return
- Social Security income and Unemployment



### Examples that show proof of income which only apply to the 35% discount include:

- SNAP award letter
- TANF award letter
- Copy of EBT card

Income Guidelines Max monthly gross household income*			
# of people in the home	35% Discount up to \$95 off per month	60% Discount up to \$165 off per month	
1	<input type="checkbox"/> \$2,510	<input type="checkbox"/> \$954	
2	<input type="checkbox"/> \$3,407	<input type="checkbox"/> \$1,294	
3	<input type="checkbox"/> \$4,303	<input type="checkbox"/> \$1,635	
4	<input type="checkbox"/> \$5,200	<input type="checkbox"/> \$1,976	
5	<input type="checkbox"/> \$6,097	<input type="checkbox"/> \$2,316	
6	<input type="checkbox"/> \$6,993	<input type="checkbox"/> \$2,657	
7	<input type="checkbox"/> \$7,890	<input type="checkbox"/> \$2,998	
8	<input type="checkbox"/> \$8,787	<input type="checkbox"/> \$3,338	
9	<input type="checkbox"/> \$9,683	<input type="checkbox"/> \$3,679	
10	<input type="checkbox"/> \$10,580	<input type="checkbox"/> \$4,020	
11	<input type="checkbox"/> \$11,477	<input type="checkbox"/> \$4,361	

\*Guidelines effective May 13, 2024. \*Monthly gross household income is defined by the total household income, before taxes. This includes all money and non-cash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in your home.

If you plan to complete your application online, take photos of your income documents and have them ready to upload.

For mail-in applications, include copies of your income documents. Please do not send the originals, as you will not get them back.

Once you have all of this information collected, you’re ready to start filling out the application.

**Note: Participation in the Energy Support with Medical program does not affect any public assistance benefits you may be receiving.**

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## Section 4: Completing the application

If filling out a printed application, use a blue or black pen and print legibly.

**Starting with Section 1,** write your APS account number, your full name, address, phone number and email address.

**In Section 3,** check the boxes next to the sources you are using to verify your income. If "other," please write in the name of the source.

If you are doing a paper application, **Section 5** provides the directions for mailing in your application.

Please check that you:

- Filled out the application completely and legibly
- Signed and dated the application
- And attached copies of your income or public assistance documentation

### ENERGY SUPPORT PROGRAM APPLICATION

The Energy Support program provides qualifying residential customers a discount of 35% or 60% on monthly energy charges. Customers on the Energy Support with Medical program get a 35% or 60% discount and EPR-0 customers receive a variable discount. Follow steps 1-5 below to submit your application. Participation in this program does not affect any public assistance benefits you may currently receive. If your income changes and you qualify for the 60% discount, you can submit a new application and income documents at any time and APS will update your discount level. To stay enrolled in this program, you must continue to meet the qualifications for the discount. If approved, your discount will be applied to only one address.

**1. Customer Information**  
*(print legibly with a blue or black pen)*

\_\_\_\_\_

APS Account Number

Need your account number? Look on your APS bill or call 602-371-7171. You will need the phone # or SSN # associated with account.

\_\_\_\_\_

Name (last, first, middle initial)

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email Address

**2. How many people are in your household?** \_\_\_\_\_

**What is your gross monthly household income?** \$ \_\_\_\_\_

Income Guidelines		
# of people in the home	35% Discount up to \$95 off per month	60% Discount up to \$165 off per month
1	<input type="checkbox"/> \$2,510	<input type="checkbox"/> \$954
2	<input type="checkbox"/> \$3,407	<input type="checkbox"/> \$1,294
3	<input type="checkbox"/> \$4,303	<input type="checkbox"/> \$1,635
4	<input type="checkbox"/> \$5,200	<input type="checkbox"/> \$1,976
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9	<input type="checkbox"/> \$9,683	<input type="checkbox"/> \$3,679
10	<input type="checkbox"/> \$10,580	<input type="checkbox"/> \$4,020
11	<input type="checkbox"/> \$11,477	<input type="checkbox"/> \$4,361

\*Guidelines effective May 13, 2024. \*Monthly gross household income is defined by the total household income, before taxes. This includes all money and non-cash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in your home.

**3. Income documents**  
*(check the box next to each document you will include):*  
Provide copies of all sources of income for your household. **Submit one of the following for the 60% or 25% discount.**

Last month's pay stubs       Social Security income  
 Last year's W-2s               Unemployment  
 Last year's tax return         Other \_\_\_\_\_

OR

**Provide copies of your public assistance documents for the 25% discount.**

SNAP award letter     TANF award letter     Copy of EBT card

Visit [aps.com/assist](https://aps.com/assist) for a complete list of acceptable sources for income verification.

**4. Sign and Date**  
Permission is hereby granted to APS or a third party designated by APS 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. Permission is also hereby granted to both APS and a third party authorized by APS to exchange information I have provided to either APS or such third party, and information that either party has gathered about me in order to verify my eligibility. If the information provided on this form is false and used to fraudulently obtain a discount under this program, I will be required to repay the discounted amounts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**5. Mail to APS**  
Mail completed form and copies of income or public assistance documentation to:  
**APS Energy Support Program**  
 Dept. Code: CNDT 1  
 4940 S. Wendler Dr., Suite 115A  
 Tempe, AZ 85282

To fill out an application online or for more information, visit [aps.com/assist](https://aps.com/assist) or call (844) 309-5655.

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**In Section 2,** review the income guidelines for the discount and determine which level you qualify for based on the number of people in your household. **Only check 1 box** based on your family size.

**In Section 4,** your signature and date are required. If you are applying online, attach the images or files of your income documentation and complete the process.

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## Section 5: Processing your application

Once the application is received, processing can take up to 45 days if the application is mailed in. If you apply online, it is much faster. If any information is missing or incomplete, it will delay the review process.



If your application is approved, you will automatically begin receiving your qualifying discount on your monthly electric bill for 24 months.

When your eligibility term ends, you must reapply to continue receiving the monthly discounts. Don't worry, we'll send you a reminder when it's time to apply.

If you have any questions, we're happy to help. Call us at (844) 309-5655.

## Section 6: Completing the Medical Care Program application

After you are approved for the Energy Support program, then you can submit your Medical Care Program application—which includes the licensed medical professional verification.

You can download and print an application or request an application be mailed to you at [aps.com/medical](https://aps.com/medical).

Take the application to your licensed medical professional to fill out the Licensed Medical Professional Verification section.

Once your form is complete and includes a signature from a Licensed Medical Professional, mail it to APS at:

APS Medical Care Program  
 Mail Station 3211  
 P.O. Box 53933  
 Phoenix, AZ 85072

### MEDICAL CARE PROGRAM APPLICATION

The Medical Care program will notify you of planned outages in your area if you qualify.\* To apply, please fill out section 1 below and have your licensed medical professional complete section 2. Once the application is complete, mail it to **APS Medical Care Program, P.O. Box 53933, Mail Station 3211, Phoenix, AZ 85072.**

- Customer Information**  
Important: all fields below are required. Be sure to print legibly with a blue or black pen. Please provide current contact information; this will be used to connect with you regarding planned outages in your area.

APS Account Number  
Need your account number? Look on your APS bill or call (800) 571-7171.

Name (last, first, mi.) \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Would you like to add an additional contact to your account to receive notice about a power outage in your area?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_
- Licensed Medical Professional Verification**  
(to be completed by a licensed medical professional: accepted are allopathic or osteopathic physicians, registered nurse practitioners or physician assistants)

**Licensed Medical Professional:** By completing this form, you are verifying that your patient is a resident at the address listed above and qualifies\* for the program, and you and the patient have discussed contingency plans in the event of an interruption of electrical service.

Patient's Name \_\_\_\_\_

Eligibility Criteria Met     Eligibility Criteria Not Met

Licensed Medical Professional's Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Licensed Medical Professional's Signature \_\_\_\_\_ State & License Number \_\_\_\_\_

\*The Medical Care program is a planned outage notification program for customers with a household member dependent on medical equipment that is in use and essential to the sustaining of life, and a discontinuance of service from the equipment for a period longer than four hours could be especially dangerous to the individual's health or, due to a physical or mental condition that substantially limits their ability to manage resources, carry out activities of daily living or secure protection from neglect or hazardous situations without assistance from others. The Medical Care program helps keep you informed about planned service interruptions, their status and the estimated time of restoration. The Medical Care program is not a discount program and does not guarantee uninterrupted service. Customers must remain current on their account by paying their monthly bills.

The application must be updated and renewed annually. For questions regarding the Medical Care program, please call (800) 571-7171 or (800) 240-2014 24 hours a day, 7 days a week. Please note that in the event of a move, a new verification form is required and the alert will not be applied to the new address until an updated certification is received and approved.

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