

Application for Discount

Account Holder Information

Account Number

Name

Service Address

City, State, Zip

Phone

Alternate Phone

(Incomplete applications will not be processed.)

I authorize UniSource to contact any source necessary to establish the accuracy of information given by me that pertains to the verification of my eligibility. I am voluntarily providing my necessary personal information to complete this form. I understand I may be required to provide additional documentation to validate my eligibility. I understand that if I become ineligible for the discount, I must notify UniSource immediately. I understand that if I move to a different service address, a new application is required and the discount will not be applied at the new address until the application has been received and approved. I further understand that discounts are limited to my primary account only. I further authorize UniSource to provide my contact and account information (which includes usage, billing and past due balance information) to organizations that provide bill payment assistance to customers.

I hereby declare, under penalty of law, that the income information provided on this form is true and accurate to the best of my knowledge and belief. My signature below certifies acknowledgement that any person obtaining a discount based on false information will be required to repay all discount amounts and all penalties allowable by law.

Signature

Date

UniSource uses this information to fulfill the purpose for which it was obtained. To find out more about the categories of personal information UniSource collects and how this information is used, please refer to our Privacy Policy at uesaz.com/privacy.

Do I Qualify?

Discounts are available to customers who meet specific eligibility requirements:

- 1 Your electric account must be in your name
- 2 You must be a current residential customer
- 3 Your household's monthly gross income at the time of application must be at or below the eligibility level for the number of people in your household:

Household/ Family Size	Monthly Income at or below:
<input type="checkbox"/> 1	\$2,510
<input type="checkbox"/> 2	\$3,407
<input type="checkbox"/> 3	\$4,303
<input type="checkbox"/> 4	\$5,200
<input type="checkbox"/> 5	\$6,097
<input type="checkbox"/> 6	\$6,993
<input type="checkbox"/> 7	\$7,890
<input type="checkbox"/> 8	\$8,787
More than 8	\$8,787 plus \$897 for each additional person

The figures above reflect 200 percent of the federal poverty guidelines that took effect Jan. 17, 2024. Program participants are required to reapply every year.

Submit the completed form by email, fax or to our mailing address:

UniSource

Email: specialplans@uesaz.com

Fax: 1-928-774-6396

Address: UniSource

ATTN: Customer Assistance Programs

2901 West Shamrell Blvd., Suite 110

Flagstaff, AZ 86005-9964