



Benton Rural Electric Association

Power to Care Bill Assistance Application

Applicants must submit to Benton REA this completed Power to Care Bill Assistance Application and, upon request, proof of household income.

Member Name: _____

Account Number(s): _____

Address: _____

City, State Zip: _____

Phone Number: _____

Email Address: _____

Family/Household Size (number of people): _____

Family/Household Total Annual Income: \$_____

Power to Care Bill Assistance Applications may be dropped off at either Benton REA office or mailed to:
Benton REA
Attn: Power to Care
PO Box 1150
Prosser, WA 99350

I, the undersigned, hereby certify that the information provided by me above, and any additional associated Power to Care Bill Assistance documents submitted by me, are complete and accurate to the best of my knowledge.

Member Signature: _____ Date: _____