



Benton Rural Electric Association

Please send completed form to verify@bentonrea.org

Low-Income Senior or Low-Income Disabled Member Discount Application

I hereby apply for the Low-Income Senior/Disabled Member Discount on electric utility bills as authorized by the Benton Rural Electric Association Board of Trustees through General Policy No. 317.0.

Member Name: _____ Account Number: _____

Service Address: _____

ELIGIBILITY

To qualify, applicants must be 62 years of age or older and have an annual combined household gross income that is equal to or less than 200% of the Federal poverty guidelines for two (2) member households, which is currently \$40,880. This total income shall include that of spouse or co-tenant. This discount begins with the next billing period after eligibility is established. The age criteria for qualification under the program can be waived if the applicant provides proof of disability through a current "Social Security Administration Retirement, Survivors and Disability Insurance Statement" for the applicable period.

I do attest to the following:

1. I am 62 years of age or over or have provided proof of disability.
2. I have a combined household gross annual income that is equal to or less than 200% of the Federal poverty guidelines for two (2) member households, which is currently \$40,880.
3. I reside in a residential dwelling unit serviced directly by Benton REA.
4. I am billed in my name by Benton REA.

Data shall be provided by the member to verify the following information:

1. Must be over 62 years old. Date of birth: _____ Proof of age: _____
2. Proof of Disability-Social Security Administration Retirement, Survivors and Disability Insurance Statement. Yes No
3. Proof of Income: Social Security Income \$ _____ Other Income \$ _____

This application and discount will need to be renewed every three years, prior to the month in which the member originally qualified to reestablish eligibility. If applicant does not reapply after the third year, the discount will automatically stop with no retroactive adjustment.

AFFIDAVIT

I SWEAR UNDER THE PENALTIES OF EITHER Civil or Criminal Perjury that all the above statements as marked are true.

Signature of Applicant: _____ Date Signed: _____

For Internal Use:	
Proof of Age Verified: Yes No	Proof of Income: _____
Proof of Disability-SSA Retirement, Survivors Disability Insurance Statement Received? Yes No	
Verified by: _____	Date: _____ Approved: Rejected: