



Power to Care - Bill Assistance Application

To Apply:

1. Fill out this form completely.
2. Sign and date the form.
3. Submit the completed form along with required documentation to a Benton REA office or email it to Billing@bentonrea.org

Member Name: _____

Account Number(s): _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Family/Household size (number of people): _____

Family/Household Total Annual Income \$: _____

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:
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SUBMIT YOUR APPLICATION TO:

Benton REA
Attn: Power to Care

Prosser Office
402 7th St.
Prosser, WA 99350

West Richland Office
6095 W. Van Giesen St
West Richland, WA 99353