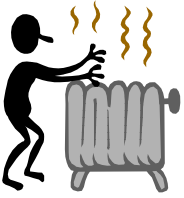


# **Washington Residents**

## **ENERGY ASSISTANCE**



The following documentation is required in order to process your Energy Assistance application – Please provide **COPIES** of the documents, not originals. We can copy for you in the office if you are needing help with that

- **SOCIAL SECURITY CARDS** for all household members or legal document with SSN on it, such as print out from Social Security, or other Federal document. **TAX DOCUMENTS ARE NOT AN ACCEPTABLE FORM OF CITIZENSHIP PROOF.**
- **PROOF OF RESIDENCY** utility Bill with name and address on it, rental receipt, signed Lease Agreement, etc.
- **PROOF OF GROSS INCOME** for all household members for the prior month, IE: if application is sent in the month of April, we need March income. This includes income from wages, SSI/SSD/SS, AABD, child support, unemployment (bring a printout from Job Service, not the pay stubs), pension amounts, disability benefits, interest income and/or dividend income. If receiving a fixed income that does not change month-to-month, such as social security, bring the award letter that you received at the beginning of the year, or a current bank statement. \*\*\* **ON WAGE STUBS, LOOK AT PAY DATES, NOT PAY PERIODS** and bring in only what you **RECEIVED** during the time frame required, not necessarily worked.
- **ZERO INCOME??** You will need a specific **ZERO INCOME DECLARATION** from our office to fill out and sign for **ALL ADULTS** in the household. Please contact us to request that form, or stop by our office.

**\*\*\*WITHOUT THE ABOVE DOCUMENTS YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND RETURNED FOR COMPLETION\*\*\***

- **CURRENT ELECTRIC BILL** A current electric bill with account number, residential and mailing address showing.
- **CURRENT HEATING BILL** (if oil or propane) with account number, name, address showing.



**Community Action Partnership**  
**124 New 6<sup>th</sup> St**  
**Lewiston, ID 83501**

**HOUSEHOLD INFORMATION FORM (HIF) (10/2024)**

<b>*Agency:</b>	<b>Assistance Provided:</b> <input type="checkbox"/> *Energy Assistance <b>OR</b> <input type="checkbox"/> *Crisis - Imminent <b>OR</b> <input type="checkbox"/> *Crisis - Life Threatening <b>OR</b> <input type="checkbox"/> *Crisis - No Heat <input type="checkbox"/> Other Emergency Services <input type="checkbox"/> Conservation Education	<input type="checkbox"/> Interested in Weatherization <input type="checkbox"/> Tribal Member <input type="checkbox"/> Received Food Assistance <input type="checkbox"/> Heat with rent <input type="checkbox"/> Received EAP last program year	<b>File Number:</b>
<b>*County:</b>			<b>Certification Date:</b>

**SECTION A: Household Contact & Eligibility Information**

<b>*Primary Applicant:</b>
(Last Name) (First Name) (Middle Initial)
<b>*Residence Address:</b>
City, State, Zip:
<b>Mailing Address:</b> (If different)
City, State, Zip:

<b>Phone Number:</b> ( ) -	<b>Message Phone:</b> ( ) -	<b>Lived at Residence Years:</b>	<b>Months:</b>
<b>*Housing Status:</b> 1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental 4 <input type="checkbox"/> Roomer/Boarder 5 <input type="checkbox"/> Temp Housing <b>Cost per Month:</b> \$	<b>*Housing Type:</b> 1 <input type="checkbox"/> 1-3 Family 2 <input type="checkbox"/> 4+ Family 3 <input type="checkbox"/> Hi-Rise 4 <input type="checkbox"/> Mobile 5 <input type="checkbox"/> RV <b>Number of Bedrooms:</b>	<b>*Income/Benefits:</b> <input type="checkbox"/> SSI <input type="checkbox"/> Earned Income <input type="checkbox"/> TANF <input type="checkbox"/> Pension <input type="checkbox"/> GA <input type="checkbox"/> Self Employed <input type="checkbox"/> VA <input type="checkbox"/> Child Support <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Unemployment <input type="checkbox"/> Military <input type="checkbox"/> Other	<b>*Total Number of People in the Household:</b>          <b>*Household's Monthly Income:</b> \$
<b>Target Group #1:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*Primary Heat Source:</b> 1 <input type="checkbox"/> Electric 4 <input type="checkbox"/> Oil 2 <input type="checkbox"/> Natural Gas 5 <input type="checkbox"/> Wood 3 <input type="checkbox"/> Propane 6 <input type="checkbox"/> Coal	<b>*Annual Heat Cost:</b> \$ <input type="checkbox"/> Back Up Heat Cost <b>Total Energy Cost:</b> \$ <input type="checkbox"/> Used Surrogate Data <b>*Total Annual Electric Costs:</b> \$	
<b>Target Group #2:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION B: Energy Assistance (EAP)**

<b>Staff:</b> _____	<b>P.O.#:</b> _____
<b>Payment to Vendor(s):</b>	<b>HOUSEHOLD ELIGIBILITY AMOUNT:</b> \$ _____
#1 _____ Acct. #: _____	<b>Direct Pay to Applicant:</b> \$ _____
#2 _____ Acct. #: _____	\$ _____
<b>TOTAL EAP PAID TO DATE:</b> \$ _____	

**SECTION C: Other Emergency Services (OES)**

<b>Staff:</b> _____	<b>P.O.#:</b> _____
<b>Heat System: Repairs</b> <input type="checkbox"/>	<b>Vendor #:</b> _____ \$ _____
<b>Replacement</b> <input type="checkbox"/>	<b>Vendor #:</b> _____ \$ _____
<b>Other Repairs &amp; Services:</b>	<b>Vendor #:</b> _____ \$ _____
	<b>Vendor #:</b> _____ \$ _____
<b>TOTAL OES PAID TO DATE:</b> \$ _____	

I certify that I have provided and reviewed all information on each page of this document and it is accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I further understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I feel I am eligible. I give my permission for this agency and Washington State Department of Commerce (COMMERCE) to request/release necessary information that may result in my receiving benefits from this assistance request and from similar and related programs administered by the State of Washington, including food assistance. I also give the above listed heating vendor(s) permission to establish a line of credit, and/or to release my account information to this agency or COMMERCE for current and future data analysis and eligibility determination. I understand that provision of my social security number is necessary to avoid duplicate energy assistance benefit payments to the same applicant household. I hereby authorize energy program staff to also use my social security number for income verification purposes (including Employment Security Unemployment Insurance and DSHS Food Assistance). I further authorize this agency and COMMERCE to use my personal information within their organizations for the purpose of identifying and reporting unduplicated non-personal applicant data.

Fair Hearing: <http://www.commerce.wa.gov/wp-content/uploads/2016/06/liheap-fair-hearing-request-form.pdf>

**\*Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Note: All fields designated with an (\*) are required information.)

## Washington State Department of Commerce, Low Income Home Energy Assistance Program (LIHEAP)

**Household Member Information Form (10/2024)**

<b>*Last Name</b>		<b>*First Name</b>		<b>MI</b>	<b>*SSN (required if primary)</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Answer <input type="checkbox"/> Non Binary		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>* Last Name</b>		<b>* First Name</b>		<b>MI</b>	<b>*SSN (required if secondary)</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative <b>Secondary Applicant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Answer <input type="checkbox"/> Non Binary		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>* Last Name</b>		<b>* First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Non Binary		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>* Last Name</b>		<b>* First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Non Binary		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>* Last Name</b>		<b>* First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Non Binary		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>* Last Name</b>		<b>* First Name</b>		<b>MI</b>	<b>SSN</b> ____-____-____	<b>*DOB</b> ____/____/____
<b>*Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Non Binary		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (24 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <b>Included in Calculation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

# My Energy Discount – Washington

Apply for Avista's personalized monthly discount today.

To see if you qualify, simply share the number of people in your household and your total household income. By signing the customer agreement, you are certifying the accuracy of this information. If you qualify, you will begin seeing a monthly discount on your bill for the next two years!

*Note that some customers will be randomly selected to verify their income. If selected, you will have three (3) months from the date of notice to complete the verification process or be removed from the program.*

## CUSTOMER INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

(As it appears on your Avista bill.)

AVISTA ACCOUNT NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

(By providing your email address, you authorize Avista to send you information regarding your Avista account.)

DAYTIME PHONE NUMBER \_\_\_\_\_

ADDRESS WHERE YOU RECEIVE SERVICE (Do not use PO Box.) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERRED METHOD OF COMMUNICATION? ☐ MAIL ☐ EMAIL ☐ PHONE

## HOUSEHOLD INFORMATION

HOW MANY PEOPLE RESIDE IN YOUR HOUSEHOLD? \_\_\_\_\_

**HOUSEHOLD INCOME** Please add up all the income from every household member, before taxes and deductions. Select either monthly or annual income and indicate the amount in the space below:

☐ MONTHLY INCOME \_\_\_\_\_ ☐ ANNUAL INCOME \_\_\_\_\_

HOW MUCH OF THIS INCOME WAS FROM EMPLOYMENT? \_\_\_\_\_

**IS YOUR HOUSEHOLD SUPPORTED ENTIRELY BY A FIXED INCOME FROM ANY OF THE FOLLOWING SOURCES: SSI, SSID, PENSION, VETERANS PAY, OR OTHER PRIVATE DISABILITY INCOME?** ☐ Yes ☐ No

**HOUSING** ☐ Own/Buy ☐ Rent

**FUEL/HEAT SOURCE** ☐ Electric ☐ Natural Gas ☐ Other ☐ Don't Know

## DEMOGRAPHICS

To create a program that best serves our customers, the following optional demographic information would be appreciated. This voluntary information will be anonymous and will not impact your ability to receive assistance. **Please select the boxes that best describe you as a participant in the My Energy Discount – Washington program:**

**EDUCATION** ☐ 0-8 Grade ☐ 9-12 Non-High School Graduate ☐ High School Graduate/GED  
☐ 12+ Some Post-Secondary ☐ 2-4 Year College Graduate

**DO YOU IDENTIFY AS A PERSON WITH A DISABILITY OR OTHER LONG-TERM CHRONIC CONDITION?** ☐ Yes ☐ No

**MILITARY VETERAN** ☐ Yes ☐ No

**SENIOR OVER 60** ☐ Yes ☐ No

**RACE** ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Multi-Race ☐ Other

**ETHNICITY** Hispanic or Latino ☐ Yes ☐ No

**PREFERRED LANGUAGE** ☐ English ☐ Spanish ☐ Other (please note) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT AVISTA'S MY ENERGY BILL DISCOUNT PROGRAM?**

☐ Local Community Agency (agency name) \_\_\_\_\_

☐ Avista ☐ Family/Friend ☐ Other (please note) \_\_\_\_\_

**WOULD YOU LIKE TO BE CONTACTED FOR ADDITIONAL HELP WITH PAST DUE BALANCES?**

☐ Yes ☐ No

**WHAT OTHER TYPES OF ASSISTANCE WOULD YOU LIKE TO LEARN ABOUT FROM YOUR LOCAL COMMUNITY ACTION AGENCY?**

☐ Food ☐ Housing ☐ Other Utilities ☐ Weatherization ☐ Financial Education

(continued on reverse side)



Scan for more information.

**AVISTA**

# Please send completed application to:

**Avista  
Lobby Rep, MSC-34  
PO Box 3727  
Spokane, WA 99220-3727**

You can also apply by calling Avista customer service at **(800) 227-9187** Monday - Friday, 7 am to 7 pm, and Saturday from 9 am to 5 pm. You can also schedule an appointment with your local community action agency (see chart below) to complete the full enrollment application, as well as receive information on additional forms of assistance.

Agency	Contact Information	Service Area
Community Action Partnership (CAP)	(208) 746-3351	Asotin County
Opportunities Industrialization Center (OIC) of Washington	(509) 765-9206	Adams, Franklin and Grant Counties
Rural Resources - Community Action	(509) 685-6000	Stevens, Ferry, Lincoln & Pend Oreille Counties
Spokane Neighborhood Action Partners (SNAP)	(509) 456-SNAP (7627)	Spokane County
Community Action Center (CAC)	(509) 334-9147	Whitman County
Washington Gorge Action Programs (WGAP)	(509) 493-2662 or (800) 755-1192	Klickitat and Skamania Counties
Spokane Tribe of Indians, Health & Human Services	(509) 606-2018	Spokane Tribe

## Customer Agreement:

By signing these terms and conditions, I certify that the information I have provided in this application is true and correct.

I certify that I am the Avista account holder or co-tenant of my household who is financially responsible for the Avista account. I further acknowledge that I have read and understand the contents of this application.

I also agree to the following terms and conditions for receiving Avista's My Energy Discount – Washington:

- I understand that I must declare my income and number of household members to determine my eligibility for Avista's My Energy Discount program.
- I agree and acknowledge that I may be required to verify my eligibility based on my declaration.
- I will notify my local community action agency if there is a change in household income and/or number of individuals living in my household while I am enrolled in the program.
- I understand that by updating my household information with my local community action agency, my discount amount may be changed to reflect my household situation.
- Beyond any changes in my household income and/or number of individuals living in my household, I understand I will need to requalify for the bill discount to maintain the discount of the original enrollment period.
- I understand that my information will be shared with my local community action agency to refer me for other Avista assistance programs, such as weatherization and bill assistance.
- I authorize Avista to share my information with my local community action agency.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Washington Income Guidelines:

Total Gross household income is before any deductions or taxes. It includes all revenues from all people living in the home, including but not limited to wages, salaries, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment, and all employment-related, non-cash income.

County	Income Reporting	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person*
Adams	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Asotin	Monthly	\$3,954	\$4,517	\$5,083	\$5,646	\$6,100	\$6,713	\$7,570	\$8,427
	Annual	\$47,450	\$54,200	\$61,000	\$67,750	\$73,200	\$80,560	\$90,840	\$101,120
Ferry	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Franklin	Monthly	\$4,313	\$4,929	\$5,546	\$6,158	\$6,654	\$7,146	\$7,638	\$8,427
	Annual	\$51,750	\$59,150	\$66,550	\$73,900	\$79,850	\$85,750	\$91,650	\$101,120
Grant	Monthly	\$3,938	\$4,500	\$5,063	\$5,621	\$6,071	\$6,713	\$7,570	\$8,427
	Annual	\$47,250	\$54,000	\$60,750	\$67,450	\$72,850	\$80,560	\$90,840	\$101,120
Klickitat	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Lincoln	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Pend Oreille	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Skamania	Monthly	\$5,263	\$6,017	\$6,767	\$7,517	\$8,121	\$8,721	\$9,321	\$9,925
	Annual	\$63,150	\$72,200	\$81,200	\$90,200	\$97,450	\$104,650	\$111,850	\$119,100
Spokane	Monthly	\$4,154	\$4,750	\$5,342	\$5,933	\$6,408	\$6,883	\$7,570	\$8,427
	Annual	\$49,850	\$57,000	\$64,100	\$71,200	\$76,900	\$82,600	\$90,840	\$101,120
Stevens	Monthly	\$3,900	\$4,454	\$5,013	\$5,567	\$6,013	\$6,713	\$7,570	\$8,427
	Annual	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$80,560	\$90,840	\$101,120
Whitman	Monthly	\$3,946	\$4,508	\$5,071	\$5,633	\$6,088	\$6,713	\$7,570	\$8,427
	Annual	\$47,350	\$54,100	\$60,850	\$67,600	\$73,050	\$80,560	\$90,840	\$101,120

\*Please call us at (800) 227-9187 if you have more than 8 people in your household. Income amounts effective 10/1/23 - 9/30/24