

Project Pride Application Form

Please fill out completely

Date _____

Pledge Amount \$ _____

Name _____ Phone _____
Address _____ City _____ Zip _____
PUD Account # _____ PUD Disc.% _____
All members of household: Adult (18+) _____ Children _____ Veteran: Yes / No

Monthly Expenses

Rent \$ _____	Mortgage \$ _____	Space Rent \$ _____
Water, Sewer, Gas \$ _____	Phone (cell & LL) \$ _____	Cable \$ _____
Car Payment \$ _____	Insurance (Car) \$ _____	Insurance (medical) \$ _____
Credit Card \$ _____	Heating \$ _____	Child Support \$ _____
Food \$ _____		Child Care \$ _____

Monthly Income

Employer _____ \$ _____
Employer _____ \$ _____

Other Income

Total Monthly income: \$ _____	Unemployment \$ _____	SSA \$ _____
L&I \$ _____	TANF \$ _____	SSI \$ _____
Food Stamps \$ _____	Pension \$ _____	SSD \$ _____

Reason you are unable to pay your PUD bill:

When did you last receive assistance from Energy Assistance? _____

When did you last receive assistance from Project Pride? _____

Are you on a Payment Plan with PUD? _____

Do you receive a reduced rate with PUD? _____

By signing this form I certify all the above information is true and correct to the best of my knowledge.

Signature: _____

I authorize Project Pride to release any information as requested to any office or employee of St. Vincent dePaul needed to determine my eligibility to receive money to pay on my energy bill. In addition, I release any agency disclosing information pursuant to this authorization for responsibility for St. Vincent de Paul use of that information. Information released by this authorization may be used by St. Vincent dePaul only for the purpose reasonably related to a determination of my Project Pride eligibility. I further authorize St. Vincent dePaul to release any agency or energy supplier any of the case information needed to determine my eligibility to receive assistance in paying my energy bill.