



Grant County
PUBLIC UTILITY DISTRICT

LOW-INCOME
ANNUAL / MONTHLY QUALIFICATIONS

Eligibility Criteria

Total household income (including customer's spouse or co-tenants) must be equal to or less than 150% of Federal Poverty Level Guidelines as published each year by the Department of Human and Health Services.

Proof of current enrollment in the Federal Supplemental Security income medical benefit program (Medical Coupon) for the aged, blind or disabled.

Or / Washington State ID for proof of age (62 or older).

Number of Persons in Household	2011 Annual 150% of Poverty Guidelines	2011 Monthly 150% of Poverty Guidelines
1	\$16,245	\$1,354
2	\$21,855	\$1,821
3	\$27,465	\$2,289
4	\$33,075	\$2,756
5	\$38,685	\$3,224
6	\$44,295	\$3,691
7	\$49,905	\$4,159
Additional	\$5,610	\$468
