My Energy Discount – Oregon

Apply for Avista's monthly bill discount program 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 may be randomly selected to verify their income. If selected, you will be informed of next steps to complete the verification process.

*Required

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	
DAYTIME PHONE NUMBER	
ADDRESS WHERE YOU RECEIVE GAS SERVICE	* (Do not use PO Box.)
CITY*	STATE* ZIP*
PREFERRED METHOD OF COMMUNICATION?	MAIL EMAIL PHONE
HOUSEHOLD INFORMATION	
HOW MANY PEOPLE RESIDE IN YOUR HOUSE	HOLD?*
HOUSEHOLD INCOME* Please add up all the incom deductions. Select either monthly or annual income and	
	ANNUAL INCOME
HOUSING Own/Buy Rent	
FUEL/HEAT SOURCE 🗌 Electric 🗌 Natural Gas	is 🗌 Other 🔲 Don't Know
DEMOGRAPHICS	
To create a program that best serves our customers, the follo appreciated. This voluntary information will be anonymous select the boxes that best describe you as a participan	and will not impact your ability to receive assistance. Please
EDUCATION 0-8 Grade 9-12 Non-High Sc 12+ Some Post-Secondary 2	
DO YOU IDENTIFY AS A PERSON WITH A DISA	ABILITY OR OTHER LONG-TERM
CHRONIC CONDITION? Yes No	
MILITARY VETERAN Yes No	
SENIOR OVER 60 Yes No	
RACE American Indian or Alaskan Native Native Hawaiian or other Pacific Islander	
ETHNICITY Hispanic or Latino Yes No	
PREFERRED LANGUAGE English Spanisł	h 🗌 Other (please note)
HOW DID YOU HEAR ABOUT AVISTA'S MY EN	NERGY BILL DISCOUNT PROGRAM?
Local Community Agency (agency name)	
Avista Family/Friend Other (please note	e)
PAST DUE BALANCES?	
If your Avista account is past due at the time this application	ו is processed, Avista will enroll you in any past-due

assistance programs you are eligible for. Check the opt-out box below if you do not wish to participate.

Yearly Total Monthly Total Household **Unit Size** Gross Gross Income Income \$3,068 \$36,811 1 2 \$4,012 \$48,138 3 \$4,955 \$59,464 4 \$5,899 \$70,790 5 \$6,843 \$82,117 6 \$7,787 \$93,443 7 \$7,964 \$95,567 8 \$8,141 \$97,690 9 \$8.318 \$99.814 10 \$8.495 \$101,938 11 \$8,672 \$104,062 12 \$8,849 \$106,185 Each Additional \$177 \$2,123 Member

*Income Criteria: 60% or below the State Median Income (SMI) as of 10/01/2024).



Scan for more information.



(continued on reverse side)

Opt me out of past-due assistance programs.



*Required

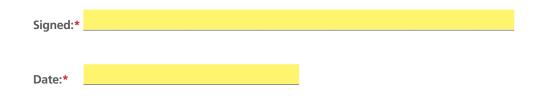
Customer Agreement:

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 - Oregon:

- 1. I understand that I must declare my income and number of household members to determine my eligibility for Avista's My Energy Discount program.
- 2. I agree and acknowledge that I may be required to verify my eligibility based on my declaration.
- 3. 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.
- 4. 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.
- 5. 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.
- 6. I understand that my information will be shared with my local community action agency to refer me for other assistance programs.
- 7. I authorize Avista to share my information with my local community action agency.



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 to the right) to complete the full enrollment application, as well as receive information on additional forms of assistance.

Agency	Contact Information	Service Area
ACCESS	(541) 779-9020	Jackson County
CCNO Community Connection of Northeast Oregon, Inc.	(541) 963-7532	Union County
KLCAS Klamath & Lake Community Action	(541) 882-3500	Klamath County
UCAN United Community Action Network	(855) 935-2542	Douglas and Josephine Counties