

Received Date: _____

PROJECT PAL ASSISTANCE APPLICATION

*all information is kept strictly confidential

IMPORTANT: THIS APPLICATION WILL NOT BE PROCESSED WITHOUT WRITTEN PROOF

of the last three (3) months income for ALL household members (includes, but is not limited to: spouse, roommates, minors, child support, alimony, unemployment, disability, food stamps, local charitable programs, social security and gifts/support from family and friends). Also, please attach a note explaining extenuating circumstances as this information helps the PAL council to understand your situation.

OPALCO Account # _____ Date _____

Name _____ Home Phone _____ Work Phone _____

Physical Address _____ Mailing Address _____

City, State, Zip _____ Email _____

Monthly Rent \$ _____ Mortgage Payment (if own home) \$ _____

Are you on Disability? _____ Nature of Disability _____

Do you get any Federal or State Assistance? _____

APPLICANT:

SS# _____ Date of Birth _____ Total Monthly Income \$ _____
(total income before taxes and other deductions)

OTHER HOUSEHOLD MEMBERS:

Name _____ Total Monthly Income \$ _____
SS# _____ Date of Birth _____ Relationship to Applicant _____

Name _____ Total Monthly Income \$ _____
SS# _____ Date of Birth _____ Relationship to Applicant _____

Name _____ Total Monthly Income \$ _____
SS# _____ Date of Birth _____ Relationship to Applicant _____

If you have no income, how are you supporting yourself? _____

Project PAL is about Members helping Members. We encourage PAL applicants to round up their bill to help fund the next member in need. This works out to about \$6 per year. **May we round up your bill each month?** YES No

“I certify that all information given is true and correct to the best of my knowledge. If Project PAL awards assistance I am not entitled to, due to either withholding information or knowingly giving false information regarding my circumstances, the amount will be reversed. This amount may be subject to the Cooperative’s collection procedures. I undersand that all information given in this application is strictly confidential.”

Member Signature _____ Date _____

**ATTACH PROOF OF INCOME TO THIS APPLICATION AND MAIL TO:
Or, hand-deliver to the Eastsound or Friday Harbor offices**

Project PAL - OPALCO
183 Mt. Baker Road
Eastsound, WA 98245



Project PAL Qualifications: Eligibility and Income Requirements

Do you qualify for PAL Assistance?

- Applicant must be an active member of OPALCO for four months prior to application.
- PAL funds are available to residential members only.
- Applicant must meet eligibility guidelines based on gross maximum monthly income before taxes and other deductions.

How does Project PAL work?

Project PAL is funded through voluntary member contributions. Members can choose to “round up” their bill each month, or make a one-time or monthly donation.

An independent volunteer council made up of OPALCO members meets monthly during the heating season to evaluate each application. Grants are awarded by unanimous vote. The council reserves the right to allow or deny any application.

Members may receive up to \$250 in PAL funds each year and may apply up to three times per year, or until they have received the maximum amount allowable.

Half of PAL funds are designated for seniors and disabled persons of low income. The remainder is available to any member who meets the guidelines and whose application is approved by the volunteer council.

Eligibility is based on a family income level of up to **200%** of the Federal Poverty Income Guidelines for the year of the application.

Current guidelines are:

FAMILY SIZE	GROSS MAXIMUM MONTHLY INCOME*
1	\$1,805
2	\$2,428
3	\$3,051
4	\$3,675
5	\$4,298
6	\$4,922
7	\$5,545
8	\$6,168

** Gross Maximum Monthly Income is income before taxes and other deductions.*

If you need assistance in filling out the application, contact your local OPALCO office, Senior Services or Family Resource Center.

PAL Applicants are encouraged to sign up for bill round up (about \$6/year) to help fund the next members in need.