

# 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:**

Date of Birth \_\_\_\_\_ Total Monthly Income \$ \_\_\_\_\_  
*(total income before taxes and other deductions)*

**OTHER HOUSEHOLD MEMBERS:**

Name \_\_\_\_\_ Total Monthly Income \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Total Monthly Income \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Total Monthly Income \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

If you have no income, how are you supporting yourself? \_\_\_\_\_

Project PAL is about Co-op members helping members. We encourage PAL applicants to round up their bill to help fund the next member in need, on average 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 Rd.  
Eastsound, WA 98245

OPALCO Use: Date received \_\_\_\_\_