



BRAZOS ELECTRIC RATEPAYER HARDSHIP FUND

Applicant Information

Full Name: _____ Electric Provider/Acct#: _____
Last First

Service Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Mailing Address (If different): _____
Street Address Apt # City State ZIP Code

Name of Eligible Person (If different from applicant) _____ DOB _____

ELIGIBILITY DOCUMENTATION – You MUST send a copy of your electric bill AND either income or program documents. Failure to provide one form of these documents will result in an application denial.

QUALIFYING INCOME DOCUMENTATION

HOUSEHOLD SIZE – Number of people living in your household: _____ (Include all adults and children at this address). Your total household gross annual income from all sources cannot exceed these guidelines:

Number of Persons in Household	1	2	3	4	5	6	7	8
Total Household Annual Income	\$30,120	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440

If you are qualifying using your total household income, you MUST provide proof of household income with this application (provide all documents that apply).

- Copy of most recent pay stub(s) from all employers covering the last two months for all members of the household dated within the last 90 days
- Your most recently filed tax return (must be signed) or W-2 form
- A signed letter from each employer indicating the level of your wage dated within the last 90 days
- Documentation of social security income dated within the last year
- Copy of an unemployment form with eligibility dates and dated within the last 90 days
- Copies of the two most recent unemployment checks dated within the last 90 days
- Copy of the most recent bank statement showing direct deposit of income (for SSI, Social Security, annuity, pension) dated within the last year

QUALIFYING PROGRAM DOCUMENTATION

If you or someone in your household participates in the program listed below, please send a copy of the documentation. (Dated within the last year and not expired)

- *Medicaid Notice of Case Action Letter from Texas Department of Health & Human Services*
- *Supplemental Nutrition Assistance Program (SNAP) Notice of Case Action Letter from Texas Department of Health & Human Services (also known as Food Stamps)*
- *Supplemental Security Income (SSI) Award Letter*
- *Temporary Assistance for Needy Families (TANF) award letter*

ATTESTATIONS

Thank you for providing us with all of the necessary information needed to process your discount application. The following certifications need to be checked off and a date and signature added in order to finish your application.

- By checking this box, you agree to allow Solix and member cooperatives of Brazos Electric who are participating in this program to share customer information as to determine eligibility and program benefits.*
- Solix's decision regarding a customer's eligibility is final.*
- By checking this box, I give the Solix authorization to contact me at the phone number or email address I have specified if any additional information is needed.*
- By checking this box, I confirm that all of the information that I've provided is true and correct to the best of my knowledge.*

Signature: _____ Date: _____

APPLICATION SUBMISSION

MAIL TO: Solix Inc.
Attn: Brazos
PO BOX 4108
Killeen, TX 76540

CALL: (844) 770-8549