

# PROJECT PAL ASSISTANCE APPLICATION

\*all information is kept strictly confidential

**IMPORTANT: 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 determine eligibility.

OPALCO Account # \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email Address \_\_\_\_\_

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

Are you on Disability? \_\_\_\_\_

Do you get any Federal or State Assistance? \_\_\_\_\_ If yes, what? \_\_\_\_\_

## APPLICANT:

date of birth \_\_\_\_\_ Total Monthly Gross Household Income \$ \_\_\_\_\_  
*(total income before taxes and other deductions)*

## OTHER HOUSEHOLD MEMBERS:

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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?**

"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 understand that all information given in this application is strictly confidential."

**ATTACH PROOF OF INCOME TO THIS APPLICATION AND DELIVER TO RESOURCE CENTER ON YOUR ISLAND**

# Project PAL

OPALCO recognizes that many members struggle to make ends meet on the islands, even when times are good. For this reason, and to help in times of difficulty, Project PAL was created as a vehicle for Co-op members to help their fellow members to pay their electric bills.

**Applicants may apply only once in a heating season (October – April).**

**Member awards average \$150.**

## HOW DOES PROJECT PAL WORK?

First, complete the [application](#).

Submit your application *along with 3 months proof of income* to:

Orcas Community Resource Center

374 North Beach Road

Eastsound, WA 98245

360-376-3184

## QUALIFICATIONS:

1. you are an active member of OPALCO for the 4 months prior to application.
2. you are a residential member.
3. Family income level of up to 200% of Federal Poverty Guidelines

Family Size	Gross Maximum Monthly Income*
1	\$2,082
2	\$2,818
3	\$3,555
4	\$4,292
5	\$5,028
6	\$5,765
7	\$6,501
8	\$7,238

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

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