

SRP INCOME-QUALIFIED DISCOUNT™



To apply: Call SRP at (602) 236-8888, **OR**

Mail to:
Income-Qualified Discount,
PAB275 SRP
P.O. Box 52025
Phoenix, AZ 85072-2025

Fax to:
(602) 914-8732

Email to:
IQD@srpnet.com

Print clearly. Incomplete information will delay your application review.

SRP account number ____-____-____

Name as shown on your SRP bill _____
(last, first, middle)

Residential address _____
(number and street)

City _____, AZ ZIP _____ - _____

Best contact telephone (____) ____-____

Alternate telephone (____) ____-____

Email address (optional) _____

Number of people in household **Adults** _____ + **Children** _____ = **Total** _____

Total household monthly income **before taxes and/or deductions** \$ _____

NOTE: Application will be denied if any fields in this box are left blank.

Double-check your application. If all areas are filled in, read and sign below.

My signature indicates that I meet program and income requirements.

I agree that the information I have provided is true and correct. Proof of income should be received within 60 days of enrollment to confirm eligibility. I agree to provide the necessary documentation when asked. I agree to inform SRP if I no longer qualify to receive the discount. I understand that if SRP determines at any time that I do not qualify to receive the discount provided under the Income-Qualified Discount, that I will be removed from the program at that time.

Customer signature _____ **Date** _____

SRP use only — SRP dates: Recd _____ Denied _____ Appd _____ E L