



## APPLICATION FOR GOLDEN ADVANTAGE

The Golden Advantage Service allows qualifying Senior Citizens who depend on fixed retirement income to have their electric bills due on the fifth of each month.

\_\_\_\_\_  
Name \_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Social Security Number

Primary Income: (Please check one)

- Social Security Retirement  Veterans Retirement
- Social Security Disability  Veterans Disability
- Other Retirement (If checked here, please list name of retirement program below)

Please attach a copy of proof of fixed income, or if primary income is for total disability, a copy of the disability award.

I hereby certify that the above income is my primary source of income.

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of Member-Owner

For Office Use	
Member-Owner Name	Discount
Account Number	Date Application Received

04 2020 JJ