

PPL OnTrack Payment Program Application

1. Customer Information	2. Employment Status for head of household
Customer Name _____ Bill Account # _____ Daytime Phone () _____ Alternate Phone () _____	<input type="checkbox"/> Full-Time (35 or more hours/week) <input type="checkbox"/> Part-Time (34 or less hours/week) <input type="checkbox"/> Unemployed (currently not employed) <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Other

Send my enrollment information to: My U.S. Mailbox My Email →

3. Members in Household - List and include copies of *all* monthly sources of household income

First Name _____	Last Name _____	Age _____	<input type="checkbox"/> No Income
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____	SSI/SSD \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Child Support \$ _____	Other \$ _____

First Name _____	Last Name _____	Age _____	<input type="checkbox"/> No Income
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____	SSI/SSD \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Child Support \$ _____	Other \$ _____

First Name _____	Last Name _____	Age _____	<input type="checkbox"/> No Income
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____	SSI/SSD \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Child Support \$ _____	Other \$ _____

First Name _____	Last Name _____	Age _____	<input type="checkbox"/> No Income
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____	SSI/SSD \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Child Support \$ _____	Other \$ _____

If there are additional members in your household, please list their name, age and income sources on a separate sheet of paper.

4. Premise Information - all fields required for free weatherization

Type of Structure Apartment Row Home Single
 Mobile Home Townhouse

Year Home was Built _____ I don't know

Electric Water Heater Yes No

If you rent, provide the following:

Landlord Name _____
 Landlord Address _____
 Landlord Phone () _____
 Landlord Email _____

5. Monthly Expenses

Mortgage or Rent \$ _____

Section 8 / Subsidized Yes No

Water / Sewer \$ _____

Food \$ _____

Basic Phone \$ _____

PPL Electric \$ _____

Only check the box if the expense is the primary heat source:

Gas - \$ _____ Coal - \$ _____

Oil - \$ _____ Wood - \$ _____

Propane - \$ _____

Electric Heat -

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6. Bill Due Date

Would you like to change the **day of the month** your bill is due?

No, do not change my bill due day.

Yes, please change my bill due day to the _____ day of the month.

7. OnTrack Shopping Program

The OnTrack Shopping Program allows you to purchase electricity from a participating electric generation supplier at a discount of 7% off of PPL's current price to compare and is the way OnTrack customers may choose to shop. The OnTrack Shopping price will remain the same for 12 months.

Because your OnTrack bill is set at a fixed amount until your next recertification, you will not see an immediate change to your OnTrack bill, but it may reduce the amount of OnTrack credits you use each month. You can withdraw from the program at any time without being charged a cancellation fee.

Yes, I want to participate in OnTrack Shopping if I am not currently shopping.

No, I do not want to participate.

8. Submit Your Application

1. Sign and date this application.

2. Mail application and **all items listed on envelope flap** in the enclosed self-addressed envelope.

I affirm that all information on this application is true and complete. I am aware that I can be penalized for making false statements.

Sign Here (in ink) _____

Date _____

Mail to:

Schuylkill Community Action
Attn: On Track
225 N. Centre St.
Pottsville, PA 17901

Phone: (570) 622-1995
Fax: (570) 622-0429
Email: jdove@schuylkillcommunityaction.com