

PPL 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 **all** members of the household (including yourself) regardless of income. Provide copies of all sources of 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 \$ _____	
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	5. Monthly Expenses
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Type of Structure <input type="checkbox"/> Apartment <input type="checkbox"/> Row Home <input type="checkbox"/> Single <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse Year Home was Built _____ <input type="checkbox"/> I don't know Electric Water Heater <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mortgage or <input type="checkbox"/> Rent \$ _____ Section 8 / Subsidized <input type="checkbox"/> Yes <input type="checkbox"/> No Water / Sewer \$ _____ Food \$ _____ Basic Phone \$ _____ PPL Electric \$ _____
<p><i>If you rent, provide the following:</i></p> Landlord Name _____ Landlord Address _____ Landlord Phone () _____ Landlord Email _____	<p><i>Only check the box if the expense is the primary heat source:</i></p> Gas - <input type="checkbox"/> \$ _____ Coal - <input type="checkbox"/> \$ _____ Oil - <input type="checkbox"/> \$ _____ Wood - <input type="checkbox"/> \$ _____ Propane - <input type="checkbox"/> \$ _____ Electric Heat - <input type="checkbox"/>

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7. 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 Program
225 N. Centre St.
Pottsville, PA 17901

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

Please fold to ensure the return address below is visible in envelope window