



PPL OnTrack Payment Program Application

1.	Customer Information (Please Print)			
	Customer Name		Bill Account #	
	Social Security #		Daytime Phone #	
	Received LIHEAP in last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate Phone #	

2.	Number in Household			
	Adults (18 – 62 years)		Children (0-17 years)	

3.	Monthly Income					
	(List and include copies of ALL sources of household income)					
	Gross Salary	\$	Public Assistance(DPW)	\$	Pension/SS	\$
	SSI/SSD	\$	Unemployment	\$	Worker's Comp/Disability	\$
Child Support	\$	Other Income	\$			

4.	Monthly Expenses			
	NOTE: If subsidized/Section 8 housing, enter the amount YOU pay monthly.			
	Mortgage	\$	Gasoline/Bus Fare, Etc.	\$
	Rent	\$	Medical	\$
	Subsidized/Section 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	Car Payment	\$
	Type of Installed Heat:		Home/Rental Ins.	\$
	<input type="checkbox"/> PPL Electric	\$	Court-Ordered Fines	\$
	<input type="checkbox"/> Coal	\$	Cable	\$
	<input type="checkbox"/> Gas	\$	Child Care	\$
	<input type="checkbox"/> Oil	\$	Credit Card	\$
	<input type="checkbox"/> Propane	\$	Misc. Loan	\$
	<input type="checkbox"/> Wood	\$	Car Insurance	\$
	Water/Sewer	\$	Real Estate Tax	\$
	Food	\$	Other Expenses	\$
	Basic Phone	\$		

5.	Submit your Application	
	<input type="checkbox"/> Sign and date Application.	
	<input type="checkbox"/> Mail Application and all items listed on envelope flap in enclosed self-addressed envelope.	
	Sign Here (In Ink)	Date
I affirm that all information on this application is true and complete. I am aware that I can be penalized for making false statements.		

NOTE: Your Application Cannot be Processed Without Proof of All Household Income
(Instructions on Back)