

Pennsylvania Utility Assistance Application Form



If one or more of your utility services are currently off, please identify which ones:

Electric Water Natural Gas Wastewater

If you have a shut off notice from one or more utilities, please identify which ones:

Electric Water Natural Gas Wastewater

Please contact your utility immediately if your service is off or in threat of termination—additional assistance may be available.

Name of Applicant (First Name, Middle Initial, Last Name)	Email Address
Service Address (ex. Number and Street, Apt #, City, State, Zip)	
Mailing Address – if different from Service Address	
Home Phone Number	Cell Phone Number

(Optional) UGI Account Number(s): _____

(Optional) Do you rent your home? Yes No

Total number of household occupants, including you - Adults (age 18 and over) :	Children:
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Please provide the following information for all members of the household (adults and children), including you :

First Name, Middle Initial, Last Name	Birth Date (mm/dd/yyyy)	Before-Tax Income	Income Source(s)
First Name, Middle Initial, Last Name	Birth Date (mm/dd/yyyy)	Before-Tax Income	Income Source(s)
First Name, Middle Initial, Last Name	Birth Date (mm/dd/yyyy)	Before-Tax Income	Income Source(s)
First Name, Middle Initial, Last Name	Birth Date (mm/dd/yyyy)	Before-Tax Income	Income Source(s)
First Name, Middle Initial, Last Name	Birth Date (mm/dd/yyyy)	Before-Tax Income	Income Source(s)
First Name, Middle Initial, Last Name	Birth Date (mm/dd/yyyy)	Before-Tax Income	Income Source(s)

If there are additional members in your household, please include their information on a separate sheet of paper. If no adults in your household have income, please complete and sign the attached zero-income statement.

Pennsylvania Utility Assistance Application Form



By selecting my utilities below, I understand I am consenting to share my information with them for the limited purpose of helping me enroll and/or recertify in utility assistance programs that I qualify for. I understand these utilities may need to contact me for additional information before determining my eligibility for their assistance programs.

Note: UGI is unable to share your information with the utilities listed below. You should contact your other utilities directly to discuss available assistance program options and how to apply. If you do not see your utilities listed below, please contact them directly to find out if they offer any assistance.

Please select the utilities that provide your electric, water, and natural gas:

Electric	Water/Wastewater	Natural Gas
<input type="checkbox"/> Duquesne	<input type="checkbox"/> Light Aqua	<input type="checkbox"/> Columbia Gas
<input type="checkbox"/> Met-Ed	<input type="checkbox"/> PA American Water	<input type="checkbox"/> National Fuel Gas
<input type="checkbox"/> PECO-Electric	<input type="checkbox"/> Pittsburgh Water and Sewer Authority	<input type="checkbox"/> PECO-Gas
<input type="checkbox"/> Penelec	<input type="checkbox"/> Veolia	<input type="checkbox"/> Peoples Natural Gas
<input type="checkbox"/> Penn Power	<input type="checkbox"/> York Water	<input type="checkbox"/> Peoples Gas LLC
<input type="checkbox"/> PPL		<input type="checkbox"/> Philadelphia Gas Works
<input type="checkbox"/> West Penn Power		<input type="checkbox"/> UGI Gas
<input type="checkbox"/> UGI Electric		

Do you currently have an alternate supplier for your energy (also known as Choice or Shopping)? YES* NO

*In Pennsylvania, you can choose to contract with a supplier other than your local utility company for energy through the Choice program. If you checked "YES" that you currently have an alternate supplier and you want to enroll in the UGI Customer Assistance Program (CAP), you must contact your supplier directly within 45 days to cancel your Choice contract. Be aware that your supplier may charge you cancellation or other fees to end your Choice contract early. Please contact your supplier directly for details about ending your Choice contract. After you cancel the supplier contract, you will automatically return to default service from UGI.

**I affirm that all information on this application is true and complete to the best of my knowledge.
I am aware that I can be penalized for making false statements.**

Signature: _____

Date: _____

ATTENTION: This is an important notice! For information in your language, call 800-276-2722 or visit www.ugi.com/assistance-programs

UGI Utilities, Inc. Customer Assistance Program Application Checklist



- Complete the enclosed Pennsylvania Utility Assistance Application Form.
- Attach a valid government-issued ID for the name of the UGI account holder or the person applying for CAP if not the primary UGI account holder.
- Attach proof of income for all household occupants that are over the age of 18. Please see below for acceptable proof of income document types. If you are not listing any household income, please complete the Zero Income Form on the reverse of this page and submit it with the application.
- Return all of the above to the Community Based Organization noted in the attached letter.

Proof of Income Document Types	Acceptable Period
Paystub	Prior 30 days or Most Recent Pay Period Available
W-2 Form	Most Recent Available
Benefit Letter	Prior year if current award letter is not yet available
Bank Statement	Last 30 days
Social Security	Prior year if current award letter is not yet available
Pension	Prior year if current award letter is not yet available
Disability	Prior year if current award letter is not yet available
Supplemental Security Income	Prior year if current award letter is not yet available
Alimony Support	Most Recent Available
Unemployment Determination Letter	Current approval letter
Notarized Letter Stating Income*	Most Recent Available (within 30 days)
Zero Income Form	Must be completed at the CBO
Rental Income	Last 30 days

**This is if none of the other document types listed are available. This would apply to seasonal or gig work.*

Pennsylvania Utility Assistance Program

Zero-Income Form



Household Zero Income Claim

I, _____, state that no adult member of my household is currently receiving income from any source.

Household Expenses

Identify how you and your household meet monthly living expenses, such as those expenses for housing (mortgage or rent), food, and utilities (electric, gas, water, and/or phone bill). Check all that apply:

- I am using money from savings.
- I receive financial support from friends/family/community.
- Other. Please explain below

Affidavit

I certify that the information presented in this application is true and accurate to the best of my knowledge. I understand that providing false information in this application is grounds for denial and dismissal of my application. I acknowledge that I am responsible for notifying UGI if my household or income information changes.

Signature: _____

Date: _____

GENERAL RULES FOR THE UGI UTILITIES CUSTOMER ASSISTANCE PROGRAM (CAP)

- CAP Bills must be paid timely and shall not be the subject of payment extensions or payment arrangements. Failure to comply with on-time CAP payments may result in termination of service.
- CAP customers are encouraged to apply for the Low-Income Home Energy Assistance Program (LIHEAP).
- CAP participants must recertify and provide proof of income annually to verify the participants income is at or below 150% of the Federal Poverty Income Guidelines*. Zero income customers must recertify every 6 months to remain in CAP. Failure to recertify within two billing cycles of being notified to do so may result in removal from CAP.

** When the LIHEAP Federal Poverty Level income guidelines are the same as CAP, LIHEAP Participants who receive a LIHEAP Cash or Crisis grant within the current or prior LIHEAP season or participate in DHS data sharing do not need to recertify and provide proof of income. Should the LIHEAP and CAP income requirements differ, UGI will notify the LIHEAP participating CAP customer of the responsibility to recertify on an annual basis.*

- You must immediately report any change in household size or income to your CAP community based organization (CBO).
- CAP monthly payment amounts are re-evaluated on a quarterly basis. Your personalized monthly CAP amount may change as a result of the quarterly review.
- Usage will be monitored. If you are identified as a high-use CAP customer, you must complete a questionnaire and participate in an energy education session with your local CBO. The sessions will assist you in understanding current usage patterns and provide helpful energy conservation information. Failure to reduce usage may result in removal from the program.
- Account classifications that are not eligible for CAP are health care facilities; landlord/tenant (account is in the landlord's name); ratepayer/occupant (the customer/ratepayer does not reside at the property); foreign load (one-meter supplies more than one unit); and natural gas/electric customers with an alternate supplier.
- Reasons for which a customer may be considered in default and removed from the program are:
 - Discovery of theft of service; or
 - failure to comply with the obligation of good faith, honesty and fair dealing while working with the CAP Administering Agency or UGI; or
 - any reason for which the customer's service may be terminated under Chapter 56; and
 - bankruptcy - at the time of the filing of bankruptcy all receivable amounts which may include pre-program arrearage will fall under the jurisdiction of the bankruptcy court and will no longer be eligible for CAP benefits.

Once removed from CAP, your total UGI Balance will be due. The UGI balance includes all unforgiven dollars and unpaid bills. If you fall behind on your CAP payments, you may not be eligible for a payment arrangement.

Schuylkill Community Action- Intake Form

Please complete the following information for you and all household members. Failure to complete this form in its entirety may delay the processing of your assistance. **Continue on the back for additional household members.**

Name	Head of household	Household member 1	Household member 2	Household member 3	Household member 4
Social Security Number					
Date of Birth					
Gender					
Race					
Ethnicity-Hispanic/ Latino- (Yes or No)					
Disabled (Yes/No)- If yes, physical or mental					
Military- (Active, Veteran, or No)					
Employed- (Yes/No)- If yes, Full or Part- time					
Health Insurance- (Yes/No) If yes, Private or Subsidized					
Highest level of education completed					

Health insurer (Circle One)	UPMC	Geisinger	Health Partners Plan	Amerihealth	Other
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Name _____ Date _____

Additional Household Members

Name	Household member 5	Household member 6	Household member 7	Household member 8	Household member 9
Social Security Number					
Date of Birth					
Gender					
Race					
Ethnicity-Hispanic/ Latino- (Yes or No)					
Disabled (Yes/No)- If yes, physical or mental					
Military- (Active, Veteran, or No)					
Employed- (Yes/No) If yes, Full or Part- time					
Health Insurance- (Yes/No) If yes, Private or Subsidized					
Highest level of education completed					