Pennsylvania American Water H2O Help to Others™ Bill Discount Program, Arrearage Forgiveness Program, and Grant Application

PENNSYLVANIA AMERICAN WATER
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Please complete the following form to begin the application process for Pennsylvania American Water's Bill Discount Program, Arrearage Forgiveness Program, and H2O Help to Others™ Grant Program (collectively, "Customer Assistance Programs"). For assistance completing this application, please contact Pennsylvania American Water's Program Administrator, Dollar Energy Fund, at 1-888-282-6816. English and Spanish speaking representatives are available to assist. You may also apply online in English or Spanish at www.dollarenergy.org/myapp. Program eligibility is based on your household income level compared to federal poverty income guidelines.

SECTION 1: Service Status

IF ONE OR MORE OF YOUR SERVICES ARE CURRENTLY OFF, PLEASE IDENTIFY WHICH ONES	DO YOU HAVE A SHUT-OFF NOTICE? *	SERVICES IN THREAT OF TERMINATION
☐ Water ☐ Wastewater (Sewer)	☐ Yes, date of shut off: _____ ☐ No	☐ Water ☐ Wastewater (Sewer)

*** If you have received a termination notice, please contact Pennsylvania American Water at 1-800-565-7292 to notify them of this application. If your service has been disconnected, please call Dollar Energy Fund at 1-888-282-6816 to apply immediately.**

SECTION 2: Applicant Contact and Service Address Information

FIRST NAME	LAST NAME	MIDDLE INITIAL	AMERICAN WATER ACCOUNT NUMBER

SERVICE STREET ADDRESS	CITY	STATE	ZIP

MAILING STREET ADDRESS *(if different than service address)*	CITY	STATE	ZIP

PHONE NUMBER	EMAIL ADDRESS
☐ Mobile ☐ Landline	

APPLICATION STATUS	COMMUNICATION DISCLOSURE
☐ Check here to receive emails and text alerts about the status of your application (text msg. and data rates may apply)	I allow Dollar Energy Fund to communicate with me by mail, phone, text messaging, or email using the contact information that I provided. ☐ Yes ☐ No

HOUSING STATUS (optional)	NUMBER OF PEOPLE IN HOUSEHOLD (including you)
☐ Own ☐ Rent ☐ Other _____	Adults (18 and over) _____ Children _____

SECTION 3: Please provide the following information, including before-tax monthly income amounts and the source of income (i.e., social security, wages, unemployment compensation, cash assistance, etc.), for all members of the household (adults and children), including yourself:

FIRST NAME	LAST NAME	MIDDLE INITIAL	DATE OF BIRTH *(MM/DD/YYYY)*

GROSS MONTHLY INCOME *(BEFORE TAXES)*	INCOME SOURCE *(CHECK ALL THAT APPLY)*
	☐ Child/Spousal Support ☐ Disability ☐ Pension ☐ Public Assistance ☐ Rental Income ☐ Salary/Wages ☐ Self-Employment ☐ Social Security/SSI/SSID ☐ Unemployment ☐ Worker's Comp ☐ Zero Income ☐ Other _____

FIRST NAME	LAST NAME	MIDDLE INITIAL	DATE OF BIRTH *(MM/DD/YYYY)*

GROSS MONTHLY INCOME *(BEFORE TAXES)*	INCOME SOURCE *(CHECK ALL THAT APPLY)*
	☐ Child/Spousal Support ☐ Disability ☐ Pension ☐ Public Assistance ☐ Rental Income ☐ Salary/Wages ☐ Self-Employment ☐ Social Security/SSI/SSID ☐ Unemployment ☐ Worker's Comp ☐ Zero Income ☐ Other _____

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FIRST NAME	LAST NAME	MIDDLE INITIAL	DATE OF BIRTH *(MM/DD/YYYY)*
GROSS MONTHLY INCOME *(BEFORE TAXES)*	**INCOME SOURCE *(CHECK ALL THAT APPLY)***		
	☐ Child/Spousal Support ☐ Disability ☐ Pension ☐ Public Assistance ☐ Rental Income ☐ Salary/Wages ☐ Self-Employment ☐ Social Security/SSI/SSID ☐ Unemployment ☐ Worker's Comp ☐ Zero Income ☐ Other ______		
FIRST NAME	**LAST NAME**	**MIDDLE INITIAL**	**DATE OF BIRTH *(MM/DD/YYYY)***
GROSS MONTHLY INCOME *(BEFORE TAXES)*	**INCOME SOURCE *(CHECK ALL THAT APPLY)***		
	☐ Child/Spousal Support ☐ Disability ☐ Pension ☐ Public Assistance ☐ Rental Income ☐ Salary/Wages ☐ Self-Employment ☐ Social Security/SSI/SSID ☐ Unemployment ☐ Worker's Comp ☐ Zero Income ☐ Other ______		
FIRST NAME	**LAST NAME**	**MIDDLE INITIAL**	**DATE OF BIRTH *(MM/DD/YYYY)***
GROSS MONTHLY INCOME *(BEFORE TAXES)*	**INCOME SOURCE *(CHECK ALL THAT APPLY)***		
	☐ Child/Spousal Support ☐ Disability ☐ Pension ☐ Public Assistance ☐ Rental Income ☐ Salary/Wages ☐ Self-Employment ☐ Social Security/SSI/SSID ☐ Unemployment ☐ Worker's Comp ☐ Zero Income ☐ Other ______		
FIRST NAME	**LAST NAME**	**MIDDLE INITIAL**	**DATE OF BIRTH *(MM/DD/YYYY)***
GROSS MONTHLY INCOME *(BEFORE TAXES)*	**INCOME SOURCE *(CHECK ALL THAT APPLY)***		
	☐ Child/Spousal Support ☐ Disability ☐ Pension ☐ Public Assistance ☐ Rental Income ☐ Salary/Wages ☐ Self-Employment ☐ Social Security/SSI/SSID ☐ Unemployment ☐ Worker's Comp ☐ Zero Income ☐ Other ______		

If there are additional members in your household, please include their information on a separate sheet of paper.

Please attach proof of income documentation for each income listed. Please provide a copy rather than the original income documentation, as documents will not be returned to you.

If no adults in your household have income, please complete and sign the attached zero-income statement.

SECTION 4: Please select the utilities that provide your electric, water, and natural gas:

ELECTRIC	WATER/WASTEWATER	NATURAL GAS
☐ Duquesne Light Company	☐ Aqua	☐ Columbia Gas
☐ Met-Ed	☐ PA American Water	☐ National Fuel Gas
☐ PECO-Electric	☐ Pittsburgh Water	☐ PECO-Gas
☐ Penelec	☐ Veolia	☐ Peoples Natural Gas
☐ Penn Power	☐ York Water	☐ Peoples Gas LLC
☐ PPL		☐ Philadelphia Gas Works
☐ West Penn Power		☐ UGI Gas
☐ UGI Electric		

Note: If you do not see your utilities listed above, please contact them directly to find out if they offer any assistance programs.

SECTION 5: Information Sharing

Is it okay for Pennsylvania American Water/Dollar Energy Fund to share your contact and/or income information with other utilities in an effort to cross enroll customers in all available assistance programs? I understand these utilities may need to contact me for additional information before determining my eligibility for their assistance programs.	☐ Yes ☐ No
Is it okay for Pennsylvania American Water/Dollar Energy Fund to send you text messages and/or emails regarding updates to our Customer Assistance Programs and when it is time for you to recertify?	☐ Yes ☐ No

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How did you hear about Pennsylvania American Water's Customer Assistance Programs?	☐ Pennsylvania American Water Bill Insert/Mailer ☐ Pennsylvania American Water Customer Service Representative ☐ Pennsylvania American Water Event ☐ Community Based Organization ☐ Community Event ☐ Other (please specify): _____ _____

SECTION 6: Read the following disclosures.

I have read and understand the contents of this application and agree to the terms and conditions of the Pennsylvania American Water H2O Help to Others™ Customer Assistance Programs and certify that all statements/certifications made in this application are true, accurate, and correct. I understand and accept that false or incomplete statements will be cause for rejecting my application or removing me from the program.

As a potential participant of Pennsylvania American Water's Customer Assistance Discount Program, I agree to:

- Update my household size and income when changes occur and periodically upon request of Pennsylvania American Water or Dollar Energy Fund. If you fail to respond when asked to update your household information, you may be removed from the Program.
- Update Pennsylvania American Water and Dollar Energy Fund if you are moving and your address changes. You are only eligible for discounts under this Program at your personal residence.

In addition, if found eligible for Pennsylvania American Water's Arrearage Forgiveness Program, I agree to the following terms:

- I agree to pay my discounted monthly bill plus a $5 co-pay in its entirety by the due date.
- If you were previously issued a payment plan, including from the Pennsylvania Public Utility Commission (PUC), that previous plan will be deactivated because you have enrolled in the Arrearage Forgiveness Program.
- If you are currently billed for water or sewer protection plans on your Pennsylvania American Water bill, you agree to have these charges removed from your bill.

Signature of Applicant:	**Date:**

Check the following before mailing:

- ***Review the application to make sure your application is signed and completed.***
- ***Include proof of income documentation for all adults in the household. Please write your account number on each document.***
- ***Mail, fax, or email your completed application and income documentation to:***
- ***Dollar Energy Fund, P.O. Box 42329, Pittsburgh, PA 15203 or fax to 412-515-1661 or email paw@defdocs.org.***
- ***For questions about your application, contact Dollar Energy Fund at 888-282-6816 Monday through Friday from 8 a.m. to 5 p.m.***

Pennsylvania American Water H2O Help to Others™
Zero Income Form

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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). Select all that apply:

- ☐ I am using money from savings.
- ☐ I receive financial support from friends/family/community.
- ☐ Other (please explain below):

_____

_____

_____

I certify that the information presented on this form 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 Pennsylvania American Water if my household or income information changes.

Signature of Applicant:	**Date:**

Dollar Energy Fund, Inc.
P.O. Box 42329
Pittsburgh, PA 15203-0329

Phone: 1-888-282-6816
Fax: 412-515-1661

www.dollarenergy.org