

CENTRAL ELECTRIC HARDSHIP GRANT

NAME _____

ADDRESS _____

ACCOUNT NUMBER _____ PHONE _____

EMAIL ADDRESS _____

1. DID YOU QUALIFY AND RECEIVE ANY ENERGY ASSISTANCE IN THE PAST 12 MONTHS?

YES _____ NO _____

CHECK ALL THAT APPLY:

LIHEAP REGULAR _____

LIHEAP CRISIS _____

(ERAP)EMERGENCY RENTAL ASSISTANCE PROGRAM _____

(PAHAF)PENNSYLVANIA HOMEOWNERS' ASSISTANCE FUND _____

OTHER _____

2. IF YOU DID NOT RECEIVE ASSISTANCE WHAT IS THE REASON WHY YOU DID NOT?

I DID NOT APPLY _____

I MISSED THE DEADLINE _____

I MADE TOO MUCH MONEY _____

I DID NOT KNOW IT WAS AVAILABLE _____

OTHER _____

3. ARE YOU OR HAVE YOU OR ANY OTHER PERSON LIVING IN YOUR HOUSEHOLD SUFFERED A RECENT HARDSHIP MAKING IT DIFFICULT FOR YOU TO PAY YOUR ELECTRIC BILL?

CHECK ALL THAT APPLY:

LOSS OF EMPLOYMENT _____

DISABILITY _____

MEDICAL EMERGENCY _____

DEATH _____

NATURAL DISASTER _____

MILITARY DEPLOYMENT _____

OTHER _____

EXPLAIN YOUR HARDSHIP: _____

4. WHAT IS THE BALANCE DUE ON YOUR CENTRAL ELECTRIC ACCOUNT?

TOTAL AMOUNT OWED \$ _____

5. PROVIDE THE DATE AND THE AMOUNT OF THE LAST PAYMENT YOU MADE ON YOUR CENTRAL ELECTRIC ACCOUNT.

DATE _____

PAYMENT AMOUNT \$ _____

6. IN THE PAST 12 MONTHS WAS YOUR ELECTRIC SERVICE DISCONNECTED FOR NON-PAYMENT?

YES _____ NO _____

7. HOW MANY YEARS HAVE YOU BEEN A MEMBER OF CENTRAL ELECTRIC COOPERATIVE?

3 TO 10 _____ 10 TO 20 _____ OVER 20 _____

I declare that all the information I have provided on this application is true and accurate to the best of my knowledge.

Print Name _____

Signature _____

Date _____

Members may be required to show verification of the hardship to the cooperative. Anyone receiving a grant by falsifying the application will be required to pay the monies back immediately and be prohibited from receiving any energy assistance from CEC in the future.