

**2024 PARK ELECTRIC UNIVERSAL SYSTEM
BENEFITS ASSISTANCE PROGRAM**

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Please circle your answers:

Type of home: Single Family House Mobile Home Duplex Apartment

Status: Own Rent – Owner’s Name _____

How long have you lived at this address? _____

Heating Fuel Type: Electric Natural Gas Propane Wood Other _____

Receive LIEAP Assistance? Yes \$ _____ No

Home been weatherized? Yes No Don’t Know

Type of Water Heater? Electric Propane Natural Gas Other _____

Does your water heater have a blanket? Yes No Don’t Know

Age of Water Heater _____

Please list all occupants in your home. Please also list monthly income for each, if any.

Name	Age	Relation	Source of Income	Gross Monthly Income
1. <i>Applicant named above</i>		<i>Self</i>		\$
2.				\$
3.				\$
4.				\$
5.				\$
Use other side if needed			Total Monthly Income	\$

I agree to release to Park Electric or its agents any records needed to verify my status.

Signature

Date

Do not write below – office use only

Date Received _____ Application Approved? Yes No

Amount Approved \$ _____ Account # _____

Notes _____