

**2026 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

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**Do not write below – office use only**

Date Received \_\_\_\_\_ Application Approved?      Yes      No

Amount Approved \$ \_\_\_\_\_ Account # \_\_\_\_\_

Notes \_\_\_\_\_