

## Application for Lifeline Electric, Water & Sewer Subsidy Program for Low & Fixed Income Households

**APPLICANT INFORMATION :** Please fill-out the form precisely. Provide complete details.

|  |  |                              |                        |
|--|--|------------------------------|------------------------|
| <b>1. Date of Application:</b>         | <b>2. PPUC Account Numbers:</b>                |                              |                        |
|  | <b>1. Electric Account No.:</b>                | <b>2. Water Account No.:</b> |                        |
| <b>3. Applicant Name (electric):</b>   | <i>&lt;IF ACCOUNT HOLDER NAME IS DIFFERENT</i> | <b>4. Applicant Address:</b> | <b>5. Phone No(s):</b> |
| <b>Applicant Name (water):</b>         |  |                              |                        |
| <b>6. Number of Household Members:</b> | <b>7. Total Household Income: \$</b>           |                              |                        |

### 8. Required Documents Attached to the Application

|   |  |
|---|--|
| <input type="checkbox"/> Sketch of Household Site, Indicating House and Landmark      | <input type="checkbox"/> List of Household Members, Income, Employment (see below table)                   |
| <input type="checkbox"/> Copy of Valid Identification (Passport, License or Valid ID) | <input type="checkbox"/> Copies of check stubs, SS &/or Pension Certification & Monthly Benefits Allotment |

**WARNING:** Any person who knowingly makes false statements or misrepresentation on this form including any accompanying documents shall be subject to penalty which includes 5 times of subsidy received plus interest using rate currently charged by PPUC to its customers.

|                         |            |              |
|-------------------------|------------|--------------|
| Applicant / Owner Name: | Signature: | Date / Time: |
|-------------------------|------------|--------------|

### Bureau of Budget and Planning, Ministry of Finance

|              |       |            |              |
|--------------|-------|------------|--------------|
| Approved by: | Name: | Signature: | Date / Time: |
|--------------|-------|------------|--------------|

### PPUC Business Office

|              |       |            |              |
|--------------|-------|------------|--------------|
| Received by: | Name: | Signature: | Date / Time: |
|--------------|-------|------------|--------------|

### List of Household Members

| Name: | Social Security No.: | Where Employed:           | Gross Annual Income: |
|-------|----------------------|---------------------------|----------------------|
| 1     |                      |                           | \$                   |
| 2     |                      |                           | \$                   |
| 3     |                      |                           | \$                   |
| 4     |                      |                           | \$                   |
| 5     |                      |                           | \$                   |
| 6     |                      |                           | \$                   |
| 7     |                      |                           | \$                   |
| 8     |                      |                           | \$                   |
| 9     |                      |                           | \$                   |
| 10    |                      |                           | \$                   |
| 11    |                      |                           | \$                   |
| 12    |                      |                           | \$                   |
| 13    |                      |                           | \$                   |
| 14    |                      |                           | \$                   |
| 13    |                      | Total Gross Annual Income | \$                   |

*Attach separate sheet if household member lines are not enough*

*Refer to back page for Rules and Procedures*