



Foundation

1900 Odell Owen Rd, Lexington, NC 27295 704-878-5104 phone

2022 EU Foundation Energy Assistance Program

Guidelines:

1. EU Foundation money is available to assist those needing help with their EUEMC electric bill because of high cooling costs. Please mail completed application back to: 1900 Odell Owen Rd, Lexington NC 27295.
2. Persons requesting assistance must complete an Energy Assistance Program application.
3. Maximum amount that can be granted to each applicant is \$400 for the period May 2, 2022 through August 31, 2022. Only one application will be accepted per household during this time.
4. Applicants will mail their applications to Debra Citta for EU Foundation Board review and final approval/denial.
5. Assistance will pay for EUEMC electric bill only (not propane bills), and will be credited to the customer's EU electric account.

Applicant Requirements:

1. Must be a EUEMC Customer.
2. Must be elderly (age 65 or over), and/or disabled and on a fixed income. Provide proof of age (copy of Medicare card) or disability (statement from doctor stating type of disability). **Applications submitted without this proof will be returned.**
3. Provide proof of annual income (Federal & State income tax returns, Social Security statement, etc.). W2's are not accepted in place of tax returns. **Applications submitted without this proof will be returned.**

4. Annual income must not exceed:

\$16,744	if one person lives in the household
\$22,646 -	2 people
\$28,548 -	3 "
\$34,450 -	4 "
\$40,352 -	5 "
\$46,254 -	6 "
\$52,156	7 "
\$58,058 -	8 "

For larger households: add \$5,902 for each additional person in the home.

5. Be responsible for the electric bills in the home.

I HAVE READ AND UNDERSTAND THE GUIDELINES AND REQUIREMENTS OF THE ENERGY ASSISTANCE PROGRAM.

Signature of Applicant

Date

Name of Applicant: _____ EnergyUnited Account # _____
(Please Print)



Foundation

1900 Odell Owen Road, Lexington, NC 27295 704-878-5104 phone

Application for Energy Assistance

Program Period: May 2, 2022 through August 31, 2022

The information obtained in this application is solely for the purpose of determining qualification for a Energy Assistance grant from the EnergyUnited Foundation, Inc. and will be kept in strictest confidence. Reasons for Board decisions will not be given to anyone if the request is granted or denied.

The person signing this application warrants that the information provided is true and complete. EnergyUnited Foundation, Inc. is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. Any deliberate falsehoods detected will be strong grounds to deny the application.

Disbursements are limited to one grant of up to \$400 per program period and will be credited to the customer's electric account. Applicants must be EnergyUnited electric customers.

1. Name of Applicant: _____
Last Name First Name Middle Name

2. EnergyUnited Account Number: _____

3. Social Security Number: _____ Date of Birth: _____

3. Address: _____ Email Address: _____
Street

_____ Town State ZIP County
4. Home Phone Number: () _____ Cell Phone Number: () _____

5. Employer of Applicant: _____

Hours worked per week: _____ Hourly rate of pay: \$ _____

Is anyone else in the home employed? _____ If yes, please attach a list of who is employed, where employed, hours worked, and rate of pay.

6. Why do you need help with your heating bill? _____

7. Total monthly family income (include ALL INCOME of EVERYONE living in the house, i.e. salaries, disability, retirement, etc.). Attach copy of last year's Federal Income Tax Return (Form 1040) or other proof of income. Circle this NO if you did not file a tax return. W2's are not accepted in place of tax returns. Do not send your only copy. We will NOT return any documents.

Total Monthly Family Income: \$ _____

Total Cash Held in Hand/Checking Accounts/Savings Accounts/Stocks, etc. \$ _____

8. Is individual or family receiving any other form of assistance or aid (donations, insurance, etc.)? YES _____ NO _____ Amount \$ _____ From Whom _____

9. Persons Living in the Home (Include yourself):

Name	Date of Birth	Relationship	Employer or School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Monthly Expenses:

	<u>Current/Typical Month</u>	<u>Past Due Amounts Owed</u>
Home: () Rent () Own	\$ _____	\$ _____
Electricity:	\$ _____	\$ _____
Telephone:	\$ _____	\$ _____
Cell Phone:	\$ _____	\$ _____
Water/Sewer:	\$ _____	\$ _____
Cable TV:	\$ _____	\$ _____
Gas for car/truck:	\$ _____	\$ _____
Home heating oil or gas	\$ _____	\$ _____
Groceries(amount in excess of food stamps):	\$ _____	
Car payments:	\$ _____	\$ _____
Car insurance, monthly cost:	\$ _____	\$ _____
Home insurance:	\$ _____	\$ _____
Medical insurance:	\$ _____	\$ _____
Medical Bills:	\$ _____	\$ _____
Prescription medicines:	\$ _____	\$ _____
Credit Cards: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Loans and other debts:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Monthly Expenses:	\$ _____	
	Total Amount Over Due:	\$ _____

Amount of property owned (lot size or acres) _____
 Year, make & Model of car _____
 Year, make & Model of 2nd car _____
 Other vehicles, boats, trailers, mobile home, equipment, RVs, etc. owned _____

Please note. Any documents submitted with this application will not be returned.

Signature of Applicant

Date