

**Elizabethtown Gas**  
**WARM NEIGHBORS**



DATE OF APPLICATION			
<b>Applicant Information</b>			
ACCOUNT NUMBER	PHONE NO.	NO. IN HOUSEHOLD	
NAME		ADDRESS	
CITY			ZIP CODE
<b>Other Energy Grant Assistance</b>			
Have you applied for, received payments from or are you participating in the Low Income Energy Assistance Program (LIHEAP) during the current program year?		<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, applicant not eligible for WARM NEIGHBORS	
<b>Is Customer In Crisis Situation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please describe:			
<b>Household Gross Income Information</b>			
	NUMBER IN HOUSEHOLD RECEIVING	PROJECTED INCOME DOLLAR AMOUNT WHOLE DOLLARS	
		ANNUAL	PREVIOUS 90 DAYS
Wages / Salary / Self-Employed			
Other			
<b>Total Household Income</b>			
<b>Warm Neighbors Contribution</b>			
CURRENT AMOUNT OWED		APPROVED AMOUNT	
<b>Approvals</b>			
AGENCY NAME			
APPROVAL SIGNATURE		DATE	
Customer has made a good faith payment of \$100 within the past 60 days of application date. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Applicant Statement</b>		<input type="checkbox"/> Customer Testimonial Prospect	
By signing this form I certify that the information I have provided above is an accurate and complete disclosure of the requested information and I have read and understood this Applicant Statement. I authorize this agency to verify the above information and to contact my utility/fuel supplier and/or my landlord for verification or additional information. I understand that completing this application does not guarantee that my household will receive assistance. I understand that the Warm Neighbors Program may be terminated, suspended or modified at any time for any reason without prior notice to me.		Applicant signature _____  Date _____	

Approved payment will be reflected on the customer's account in 30-60 days.

## Warm Neighbors Program

Elizabethtown Gas' energy assistance program, called "Warm Neighbors," is a matching funds program designed to assist customers who need help paying their heating bills. The program is open to all residential heating customers of Elizabethtown Gas that meet the following guidelines:

- Customer income should fall between 201 percent and 400 percent of poverty or are facing a crisis situation
- Maximum amount of grant is \$450.00
- Customers are limited to one grant per year
- Grants are subject to availability of funding

### Plan Requirements

- Gas bill needs to be in the name of applicant applying for assistance.
- Customer must show proof of income for all persons living in the household over 18 years of age or older. Such proof must include:
  1. Four consecutive weeks of paystubs if paid weekly
  2. Two paystubs if paid bi-weekly
  3. Applicants can also provide awards letter for social security
  4. Proof of identity with picture (for example: driver's license, DMV ID card, passport)
- Customer must have made a good faith payment of \$100.00 in the last 60 days.
- All crisis situations will require Elizabethtown Gas approval.

2015-2016 Income Guidelines		
Poverty Line	201% of Poverty	400% of Poverty
1	\$1,963	\$3,924
2	\$2,656	\$5,310
3	\$3,350	\$6,698
<b>4</b>	<b>\$4,043</b>	<b>\$8,084</b>
5	\$4,736	\$9,470
6	\$5,430	\$10,858
7	\$6,123	\$12,244
8	\$6,816	\$13,630