

DOLLAR ENERGY APPLICATION



1775 Industrial Blvd. • Lewisburg, PA 17837
 TEL (570) 524-2231 • FAX (570) 524-5887

First Name: _____ Last Name: _____ Phone: _____

Address: _____ City: _____ State/Zip: _____

Household Status: Own: _____ Rent: _____ Other: _____ (please check one)

Provide personal information for you and others in your household below:

First & Last Name	Social Security #	Date of Birth	Race*	Disabled (Y or N)*	Gender (M or F)*

**For Dollar Energy's statistical reporting purposes only*

Please specify the amount (\$/month) and source of income for each member of your household.

	Name:	Name:	Name:	Name:
Income Source				
Employment:				
SSI/SSD:				
Pension:				
Child Support:				
Public Assistance:				
Unemployment:				
Social Security:				
Food Stamps:				
Other:				

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Dollar Energy requires applicants to receive LIHEAP funds before applying. If the LIHEAP grant you received was not applied towards your Citizens' Electric account, you must provide proof of the LIHEAP grant you received at another utility.

Grant Type:	Date Applied:	Name of Utility the Grant was Applied to:	Grant Amount:
LIHEAP-CASH	_____	_____	_____
LIHEAP-CRISIS	_____	_____	_____

CITIZENS' ELECTRIC COMPANY Account #: _____

Account Balance \$ _____

In order to qualify, applicants must have paid at least \$150.00 in the last 90 days; 62 or older must have paid at least \$100.00 in the last 90 days.

Amount: \$ _____ Payment Date: _____

Amount: \$ _____ Payment Date: _____

Amount: \$ _____ Payment Date: _____

Is your Service ON/OFF? ON _____ OFF _____

Have you received a Termination Notice? YES _____ NO _____

To the best of my knowledge, all the information on this application is true and complete. I understand that false or incomplete statements will result in immediate rejection of a Dollar Energy grant. I permit the Dollar Energy Fund to review my utility account with Citizens' Electric. I understand that this application does not guarantee I will receive a grant nor does it guarantee that any particular amount will be granted.

You will be notified by mail or phone of the decision in 6 to 8 weeks. If you do not receive a notification please contact our office at (570) 524-2231. This application will be accepted for review by Dollar Energy Fund only if all items have been completed, the application is signed by applicant and proof of the amount of household income received in the past 30 days is attached.

Applicants Signature: _____ Date: _____

Applicant Submitted by: _____