

Pennsylvania Utility Assistance Application Form



If one or more of your utility services are currently off, please identify which ones:

☐ Electric ☐ Water ☐ Natural Gas ☐ Wastewater

If you have a shut off notice from one or more utilities, please identify which ones:

☐ Electric ☐ Water ☐ Natural Gas ☐ Wastewater

Please contact your utility immediately if your service is off or in threat of termination—additional assistance may be available.

| | |
|---|--------------------------|
| Name of Applicant (First Name, Middle Initial, Last Name) | Email Address |
| Service Address (ex. Number and Street, Apt #, City, State, Zip) | |
| Mailing Address – if different from Service Address | |
| Home Phone Number | Cell Phone Number |

(Optional) **UGI Account Number(s):** _____

(Optional) Do you rent your home? ☐ Yes ☐ No

| | |
|--|------------------|
| Total number of household occupants, including you - Adults (age 18 and over) : | Children: |
|--|------------------|

Please provide the following information for all members of the household (adults and children), including you :

| First Name, Middle Initial, Last Name | Birth Date (mm/dd/yyyy) | Before-Tax Income | Income Source(s) |
|---------------------------------------|-------------------------|-------------------|------------------|
| First Name, Middle Initial, Last Name | Birth Date (mm/dd/yyyy) | Before-Tax Income | Income Source(s) |
| First Name, Middle Initial, Last Name | Birth Date (mm/dd/yyyy) | Before-Tax Income | Income Source(s) |
| First Name, Middle Initial, Last Name | Birth Date (mm/dd/yyyy) | Before-Tax Income | Income Source(s) |
| First Name, Middle Initial, Last Name | Birth Date (mm/dd/yyyy) | Before-Tax Income | Income Source(s) |
| First Name, Middle Initial, Last Name | Birth Date (mm/dd/yyyy) | Before-Tax Income | Income Source(s) |

If there are additional members in your household, please include their information on a separate sheet of paper.
If no adults in your household have income, please complete and sign the attached zero-income statement.

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By selecting my utilities below, I understand I am consenting to share my information with them for the limited purpose of helping me enroll and/or recertify in utility assistance programs that I qualify for. I understand these utilities may need to contact me for additional information before determining my eligibility for their assistance programs.

Note: UGI is unable to share your information with the utilities listed below. You should contact your other utilities directly to discuss available assistance program options and how to apply. If you do not see your utilities listed below, please contact them directly to find out if they offer any assistance.

Please select the utilities that provide your electric, water, and natural gas:

| Electric | Water/Wastewater | Natural Gas |
|--|---|---|
| <input type="checkbox"/> Duquesne | <input type="checkbox"/> Light Aqua | <input type="checkbox"/> Columbia Gas |
| <input type="checkbox"/> Met-Ed | <input type="checkbox"/> PA American Water | <input type="checkbox"/> National Fuel Gas |
| <input type="checkbox"/> PECO-Electric | <input type="checkbox"/> Pittsburgh Water and Sewer Authority | <input type="checkbox"/> PECO-Gas |
| <input type="checkbox"/> Penelec | <input type="checkbox"/> Veolia | <input type="checkbox"/> Peoples Natural Gas |
| <input type="checkbox"/> Penn Power | <input type="checkbox"/> YorkWater | <input type="checkbox"/> Peoples Gas LLC |
| <input type="checkbox"/> PPL | | <input type="checkbox"/> Philadelphia Gas Works |
| <input type="checkbox"/> West Penn Power | | <input type="checkbox"/> UGI Gas |
| <input type="checkbox"/> UGI Electric | | |

Do you currently have an alternate supplier for your energy (also known as Choice or Shopping)? ☐ YES* ☐ NO

*In Pennsylvania, you can choose to contract with a supplier other than your local utility company for energy through the Choice program. If you checked "YES" that you currently have an alternate supplier and you want to enroll in the UGI Customer Assistance Program (CAP), you must contact your supplier directly within 45 days to cancel your Choice contract. Be aware that your supplier may charge you cancellation or other fees to end your Choice contract early. Please contact your supplier directly for details about ending your Choice contract. After you cancel the supplier contract, you will automatically return to default service from UGI.

I affirm that all information on this application is true and complete to the best of my knowledge.

I am aware that I can be penalized for making false statements.

Signature: _____

Date: _____

ATTENTION: This is an important notice! For information in your language, call 800-276-2722 or visit www.ugi.com/assistance-programs