

# UGI Utilities, Inc. Customer Assistance Program Application Checklist



- Complete the enclosed Pennsylvania Utility Assistance Application Form.
- Attach a valid government-issued ID for the name of the UGI account holder or the person applying for CAP if not the primary UGI account holder.
- Attach proof of income for all household occupants that are over the age of 18. Please see below for acceptable proof of income document types. If you are not listing any household income, please complete the Zero Income Form on the reverse of this page and submit it with the application.
- Return all of the above to the Community Based Organization noted in the attached letter.

Proof of Income Document Types	Acceptable Period
Paystub	Prior 30 days or Most Recent Pay Period Available
W-2 Form	Most Recent Available
Benefit Letter	Prior year if current award letter is not yet available
Bank Statement	Last 30 days
Social Security	Prior year if current award letter is not yet available
Pension	Prior year if current award letter is not yet available
Disability	Prior year if current award letter is not yet available
Supplemental Security Income	Prior year if current award letter is not yet available
Alimony Support	Most Recent Available
Unemployment Determination Letter	Current approval letter
Notarized Letter Stating Income*	Most Recent Available (within 30 days)
Zero Income Form	Must be completed at the CBO
Rental Income	Last 30 days
<i>*This is if none of the other document types listed are available. This would apply to seasonal or gig work.</i>	

# Pennsylvania Utility Assistance Program Zero-Income Form



## Household Zero Income Claim

I, \_\_\_\_\_, state that no adult member of my household is currently receiving income from any source.

## Household Expenses

Identify how you and your household meet monthly living expenses, such as those expenses for housing (mortgage or rent), food, and utilities (electric, gas, water, and/or phone bill). Check all that apply:

- I am using money from savings.
- I receive financial support from friends/family/community.
- Other. Please explain below

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## Affidavit

**I certify that the information presented in this application is true and accurate to the best of my knowledge.** I understand that providing false information in this application is grounds for denial and dismissal of my application. I acknowledge that I am responsible for notifying UGI if my household or income information changes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 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.*

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

*(Optional)* **UGI Account Number(s):** \_\_\_\_\_

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

<b>Total number of household occupants, including you - Adults (age 18 and over) :</b>	<b>Children:</b>
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**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)

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.

# Pennsylvania Utility Assistance Application Form



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"/> <b>UGI Electric</b>		

**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](http://www.ugi.com/assistance-programs)