



GOOD NEIGHBOR ENERGY FUND

Sponsored by your local energy company, its customers and The Salvation Army.

Date:

Last Name:	First Name:	Middle:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> ()

Service Address:	City:	State	Zip Code:
<input type="text"/>	<input type="text"/>	MA	<input type="text"/>
Name of Account:	Shut Off Date:	Account Number:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

<u>Name & Address of Utility Company</u> <input type="text"/> <input type="text"/> <input type="text"/>	Amount to be paid to UTILITY: <input type="text"/> (Not more than \$350)
	Application Received from: Salvation Army <input type="text"/> Corps Unit
	<input type="text"/>

I verify that the given information is true and give approval for The Salvation Army to share information as needed with the utility company and other agencies which may provide assistance.

Applicant Signature:

Authorized Signature:

Number in Household

Over 60

Under 18

Gross Earnings:	\$
Pension:	\$
Social Security:	\$
Other (Specify):	\$
TOTAL GROSS EARNINGS	\$

LIHEAP Emergency Funds:	\$
State:	\$
Local:	\$
Other (Specify):	\$
TOTAL	\$

I.D. W-2 Pay Stub Ch. Supp. Pens. Ck. Other

Other Information:

NAMES OF ALL ADULTS LIVING IN HOUSEHOLD

Name _____

Birthdate _____

Name _____

Birthdate _____

Name _____

Birthdate _____

Name _____

Birthdate _____

Name _____

Birthdate _____

Name _____

Birthdate _____

I verify that the given information is true and give approval for The Salvation Army to share information as needed with the utility company and other agencies which may provide assistance.

PLEASE NOTE: The rationale for assistance is required. Incomplete applications will be returned to location for completion.

YOU WILL BE NOTIFIED OF ACCEPTANCE ONCE APPLICATION IS REVIEWED.

Applicant Signature:

Authorized Signature:

FOR DHQ USE ONLY

DATE APPLICATION APPROVED - BY WHOM