



Greater Washington  
Urban League

Empowering Communities.  
Changing Lives.



EMERGENCY UTILITY ASSISTANCE  
ON LINE  
ELIGIBILITY INTAKE FORM  
PEPCO/GAS

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

Name of Applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ward: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**APPLYING FOR PEPCO/GAS ASSISTANCE - (PLEASE CHECK ONE OR BOTH)**  
**PLEASE BE MINDFUL THIS ASSISTANCE IS ONE TIME IN THE AMOUNT \$500**  
**BUT ALLOWED TO BE SPLIT**  
**THINK ABOUT WHICH UTILITY IS PRIORITY TO KEEP YOU FROM BEING DISCONNECTED**

1. PEPCO: \_\_\_\_\_ CURRENT BILL BALANCE: \_\_\_\_\_ PAST DUE BALANCE: \_\_\_\_\_

2. GAS: \_\_\_\_\_ CURRENT BILL BALANCE: \_\_\_\_\_ PAST DUE BALANCE: \_\_\_\_\_

Have You Applied for Utility Assistance from Other Organizations in the Past (3) Years: Yes \_\_\_\_\_ No \_\_\_\_\_

If You Answered Yes: Please Provide Which Organizations, You Received Assistance From - Month/Year & Which Utility:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



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**CURRENT EMPLOYMENT STATUS**  
**(PLEASE CHECK ONE)**

\_\_\_\_ EMPLOYED/NAME OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ UNEMPLOYED/HOW LONG & REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME PER YEAR - (INCLUDE EVERYONE WORKING IN THE HOUSEHOLD)**

Income Per Year: \_\_\_\_\_ Total Number of Household Members: \_\_\_\_\_

Total Number of Children in Household (18 and Under): \_\_\_\_\_

Total Number of Seniors in Household (65 and Older): \_\_\_\_\_

**PLEASE MAKE SURE YOU MEET THE INCOME GUIDELINES LISTED BELOW**  
**FEDERAL INCOME ELIGIBILITY GUIDELINES FOR GWUL/PEPCO/WASHINGTON GAS EMERGENCY ASSISTANCE PROGRAM**

<u>Household Size</u>	<u>Maximum Annual Income</u>
1	\$42,920
2	\$56,126
3	\$69,332
4	\$82,538
5	\$95,744
6	\$108,950
7	\$111,426
8	\$113,902

**DOCUMENTS REQUIRED TO COMPLETE APPLICATION AFTER YOUR INITIAL INTAKE FORM IS COMPLETED**

1. Photo ID
2. Social Security Cards – (For everyone 18 and over)
3. Birth Certificates – (For everyone 17 and under)
4. Proof of Income
5. Current Bill
6. Proof of Residence – (Lease or Mortgage Statement)
7. Letter of Hardship – (Stating circumstance for needing assistance)



INTAKE – I  
PEPCO/GAS PROGRAM  
CHECK DOCUMENTATION YOU PROVIDED BELOW

Name of Applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

PICTURE IDENTIFICATION:

\_\_\_\_ Driver's License  
\_\_\_\_ Non-Driver's ID  
\_\_\_\_ Food Stamp ID  
\_\_\_\_ Passport  
\_\_\_\_ Other \_\_\_\_\_

FAMILY ELIGIBILITY:

\_\_\_\_ Birth Certificates  
\_\_\_\_ School Documents  
\_\_\_\_ Court Papers  
\_\_\_\_ Tax Documents  
\_\_\_\_ Adoption Papers  
\_\_\_\_ Other \_\_\_\_\_

PROOF OF RESIDENCY:

\_\_\_\_ Utility Bill  
\_\_\_\_ Lease  
\_\_\_\_ Mortgage Payment Booklet  
\_\_\_\_ Rent Receipts  
\_\_\_\_ Notarized Letter from Landlord  
\_\_\_\_ Letter from Landlord on Letterhead  
\_\_\_\_ Deed  
\_\_\_\_ Other \_\_\_\_\_

PROOF OF EMERGENCY:

\_\_\_\_ Court Summons/Judgment  
\_\_\_\_ Disconnection/Interruption Notice Utility Co.  
\_\_\_\_ Other \_\_\_\_\_

PROOF OF REASON FOR DELINQUENCY:

\_\_\_\_ Letter of Dismissal from Employer  
\_\_\_\_ Proof of Unemployment Claim  
\_\_\_\_ Proof of Medical Bills  
\_\_\_\_ Proof of Loss of Other Income  
\_\_\_\_ Budget Showing Insufficient Funds  
\_\_\_\_ Other \_\_\_\_\_

PROOF OF ABILITY TO PAY IN THE FUTURE:

\_\_\_\_ Notarized Letter from Friend/Family Member Stating that they will Assist and Verification that they are Able to  
Provide Financial Assistance  
\_\_\_\_ Letter from Employer  
\_\_\_\_ Award Notification Letter  
\_\_\_\_ Financial Analysis  
\_\_\_\_ Pay Stubs  
\_\_\_\_ Employment History  
\_\_\_\_ Other \_\_\_\_\_

GWUL Intake Representative: \_\_\_\_\_ Date: \_\_\_\_\_



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**INTAKE – II  
PEPCO/GAS PROGRAM  
CLIENT INFORMATION**

Name of Applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: (Male) \_\_\_\_\_ (Female) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Source(s) of Income – (Check all that apply): Documentation Required

☐ AFDC/TANF    ☐ Employment    ☐ SSI    ☐ Social Security  
☐ Child Support    ☐ Retirement    ☐ Disability    ☐ Other \_\_\_\_\_

<u>Race</u>	<u>Marital Status</u>	<u>Head-of-Household</u>	<u>Family Size</u>	<u>Veterans Status</u>
<input type="checkbox"/> African American	<input type="checkbox"/> Married	<input type="checkbox"/> Yes	# of Adults _____	<input type="checkbox"/> Yes
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Divorced	<input type="checkbox"/> No	# of Children _____	<input type="checkbox"/> No
<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Separated		# of Males _____	
<input type="checkbox"/> Asian American	<input type="checkbox"/> Single		# of Females _____	
<input type="checkbox"/> Other	<input type="checkbox"/> Widowed		Total _____	

Education: (Highest grade completed \_\_\_\_\_)

☐ No HS Diploma/GED    ☐ HS Diploma    ☐ GED    ☐ College Degree    ☐ Graduate Degree    ☐ Certificate/Awards

Household Type: ☐ S-Single    ☐ SP-Single Parent    ☐ TP-Two Parents    ☐ GP-Grandparent

**HOUSEHOLD MEMBERS**

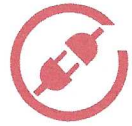
Last Name	First Name	SSN (Last 4 Digit)	DOB	Age	Sex	Relationship to Applicant

GWUL Intake Representative: \_\_\_\_\_ Date: \_\_\_\_\_



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**PEPCO/GAS PROGRAM  
FINANCIAL NEED**

Name of Applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Utility(s) Information

Pepco Account #: \_\_\_\_\_

Name on Account \_\_\_\_\_ Gas Account #: \_\_\_\_\_

Service Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Financial Needs of Applicant

**PEPCO**

**GAS**

Monthly amount of utilities	_____	_____
Total amount delinquent on (utility)(bill(s))	_____	_____
Total contribution by applicant/GWUL	_____	_____
Balance Needed	_____	_____
Amount Requested	_____	_____

How will applicant make future payments? (Use back of page if additional space is needed)

All information provided in this application is true and correct to the best of my knowledge. I understand that false statements of information could render my application invalid for funding consideration. I also understand that completion of this application does not guarantee the granting of funds. I authorize the GWUL and PEPCO/Washington Gas representatives to gather any necessary information from agencies or individuals involved in my case to qualify me for funds.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_