



### APPLICATION FORM

**Contact Information:** (Please print clearly)  
 Contact Name: \_\_\_\_\_  
 Contact phone number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_, \_\_\_\_\_, AK \_\_\_\_\_

**I. Household Size and Income Information for eligibility purposes:** (Please print clearly)

- The current total number of people that live in my household is: \_\_\_\_\_ (please list)  
 Name \_\_\_\_\_ Age \_\_\_\_, Name \_\_\_\_\_ Age \_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_, Name \_\_\_\_\_ Age \_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_, Name \_\_\_\_\_ Age \_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_, Name \_\_\_\_\_ Age \_\_\_\_
- Yes  No  I participate in a financial assistance program that has already verified my income, and **I am attaching a letter I recently received from that agency verifying my income eligibility.** The name of agency or program is \_\_\_\_\_. (If “Yes,” skip questions 3 and 4.)
- Yes  No  Household members filed Federal Income Tax forms in 2007. If “Yes,” what is the total gross income from all the current household members who filed (IRS Form 1040, line 22; or 1040A, line 15): \$ \_\_\_\_\_ annual gross income. You must **attach copies of the first page of all household 2007 IRS form 1040 or 1040A** (Note: you may black out social security numbers.)
- Yes  No  There have been significant income or expense changes since 2007, such as a loss of a job or large medical expenses. If “Yes” please attach a brief explanation and any supporting documentation.

**II. AEL&P Bill Information:**

- Yes  No  A household member is a current customer of AEL&P. If “Yes,” **attach a copy of your May 16, 2008 bill, or later bill.** Customer Name on AEL&P bill \_\_\_\_\_  
 AEL&P Account number \_\_\_\_\_
- Yes  No  My household is not a direct customer of AEL&P, but we pay for electricity and are responsible for increased electricity costs. If “Yes,” please attach a brief explanation and a letter from the person who is an AEL&P customer, and a copy of their bill. That account will be credited.

I certify the information is complete and accurate to the best of my knowledge. I consent to allow AEL&P to provide information about my account to this program. If I responded “Yes” to question 2 above, I release that agency \_\_\_\_\_ to provide further information, if needed, on my eligibility for this program.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- Fax application and required attachments to:** Attn: Juneau Unplugged, 523-6208
- Mail to:** Juneau Unplugged, Catholic Community Service, 419 Sixth St, Juneau, AK 99801
- For questions or help in applying,** call 463-6130, or email: unplugged@ccsjuneau.org

**For staff only:** Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_ Approved Yes \_\_\_ No \_\_\_  
 Comments/Action: \_\_\_\_\_  
 PLEDGE AMOUNT \_\_\_\_\_ Date \_\_\_\_\_  
 PLEDGE AMOUNT \_\_\_\_\_ Date \_\_\_\_\_  
 PLEDGE AMOUNT \_\_\_\_\_ Date \_\_\_\_\_