



## EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

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1035 Rosemary Blvd., Suite J • Akron, Ohio 44306 • 330-773-2095 or Toll Free: 866-604-6844 • Fax: 330-773-2108

\_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Sir or Madam:

You expressed an interest in participating in the Electric Partnership Program with our agency. To be eligible for this program you must be on PIPP for your Electric Bill or qualify by income and family size to receive services. Annually, you must also be using 5000 Kilowatts of electricity (not including electricity used to heat or cool your home).

Please fill out the enclosed application **completely**.

The application must be filled out by the person who is listed on the electric bill and they must live in the home.

**SEND IN COPIES OF:**

1. Current Electric Bill
2. Current Monthly Income for everyone living in the home

Return all information to:  
EANDC/Energy Services  
1035 Rosemary Blvd, Ste J.  
Akron, Ohio 44306

Please be patient, the processing of this application may take 4-6 weeks.

We look forward to partnering with you to evaluate your home's electric efficiency needs.

Cordially,

*Energy Services Staff*

Energy Services Staff  
Intake

REV 8/18/11

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**ENERGY SERVICES**

For Office Use Only:  
 O: \_\_\_\_\_  
 C #: \_\_\_\_\_  
 PIPP: \_\_\_\_\_  
 \$ \_\_\_\_\_

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

# EPP APPLICATION

**EANDC/ENERGY SERVICES**  
 1035 ROSEMARY BLVD, SUITE J  
 AKRON, OHIO 44306  
 PHONE: 330-773-2095 FAX: 330-773-2108  
 Toll Free: 1-866-604-6844

**YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE**

|   |                         |           |   |  |
|---|-------------------------|-----------|---|--|
| First Name  | Int                     | Last Name | Your Social Security Number<br>____ / ____ / ____ |  |
| Address   |                         |           | Apartment   |  |
| What is your main source of heat? <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other |                         |           |   |  |
| City  | State                   | Zip       | Ohio County                                       |  |
| Telephone Number<br>( )   | Alternate Number<br>( ) |           | Best time to call                                 |  |
| Email Address   |                         |           |   |  |
| Electric Provider: <input type="checkbox"/> Ohio Edison <input type="checkbox"/> AEP  | Acct No:                |           |   |  |
| Please include copy of entire electric bill   |                         |           |   |  |

Racial/Ethnic Background:  Black  White  Asian  Hispanic  Native American  Other

Check the box that most closely describes the type of building you live in. (Check only one)

- Mobile Home  Single Family  Multi-family Low-Rise  Multi Family High-Rise

Including yourself, how many people live in your household? \_\_\_\_\_

Household members (if more space is needed, list on back)

| Name | Relationship | Social Security # | Date of Birth | Pregnant | Disabled |
|------|--------------|-------------------|---------------|----------|----------|
|      | Self         |                   |               |          |          |
|      |              |                   |               |          |          |
|      |              |                   |               |          |          |
|      |              |                   |               |          |          |
|      |              |                   |               |          |          |

What was total gross household income for last 12 months for all Household Members over the age of 18? \$ \_\_\_\_\_  
 (Please include income documentation for all Household Members over the age of 18)

Do you own or rent your home?  Own/Buying  Mobile Home  Rent/Land Contract (fill out information below)

|                              |                  |     |
|------------------------------|------------------|-----|
| Landlord's Name/Organization | Telephone Number |     |
| Address                      |                  |     |
| City                         | State            | Zip |

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*By signing I authorize the EANDC/Energy Services Office to contact my electric provider (AEP or OE) on my behalf to receive my electric account's monthly and annual usage totals. \*\*\*



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**SELF-DECLARATION OF INCOME**

I, \_\_\_\_\_, received a total income of \$ \_\_\_\_\_  
(Print Name)

for the last 12 months.

The source(s) of my income for the last 12 months include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I verify that all of my statements on this form are true and correct. I realize that I may be held civilly and criminally liable under Federal and State Law for making any knowingly false or fraudulent statements.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIPCODE

**For Office Use only:**

Client: \_\_\_\_\_

C #: \_\_\_\_\_

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**ENERGY SERVICES**