

Application for Affordable Community Renewable Energy Program (VPPSA)



201UDI-CO2

To be eligible, you *must*:

1. Be a residential member of one of Vermont Public Power Supply Authority's member territories.
2. Have a total gross household income at or below 185% of the federal poverty level.

To apply, you *must*:

1. Fill out both sides of this form. (*Please print clearly*).
2. Sign and date the form in the space provided on the next page.
3. Mail this application to the address at the bottom of this page.

IMPORTANT: If you do not fully complete both sides of this form & attach a copy of your most recent bill, your application will be denied and you will have to start over.

Household Information

The account number on your electric bill:

Account Holder's Name (*The person named on the electric bill*):

Social Security Number:

Your Spouse or Partner's Name:

Social Security Number:

Physical Address (*Street, house number, town, state, & zip code*): **Is this your primary residence?** Yes No

Mailing Address if Different (*Street, house number, town, state, & zip code*):

Home Phone (*with area code*):

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Daytime Phone/Cell Phone (*with area code*):

()

Number of People in your

Home: _____

Which is your electric company:

- Orleans Barton Swanton Morrisville Lyndon Ludlow
 Johnson Jacksonville Northfield Hardwick Enosburg

SEND YOUR APPLICATION TO:

Vermont Public Power Supply Authority

PO Box 126

Waterbury Center, VT 05677



Household Income

Please complete *either* Section A or Section B, not both. Use an extra sheet of paper if necessary.

Section A: Public Benefits (If no one in your household gets public benefits, skip to Section B)

Please check the benefits household members currently get. The Economic Services Division of the Department for Children and Families (DCF) will use the information already on file to determine your eligibility.

Names of Household Members	3SquaresVT	Essential Person	Fuel Assistance	Reach Up (Reach First, Reach Ahead, PSE)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Gross Monthly Household Income (If you completed Section A, don't complete this section)

Include the **total gross monthly income** (income before deductions such as taxes) for **all** members of your household. You may be required to submit documents to verify income. If your household income changes, call 1-800-775-0516 to report these changes – within 10 business days.

- a. Wages, salaries, tips, etc..... a. _____
 - b. SSI, Social Security, railroad retirement, veteran's benefits, taxable and nontaxable. b. _____
 - c. Pensions and annuities, taxable and nontaxable..... c. _____
 - d. Unemployment compensation/worker's compensation..... d. _____
 - e. Interest and dividends (e.g., US, state and municipal bonds)..... e. _____
 - f. Alimony, child support..... f. _____
 - g. Business income: (for loss, enter -0-)..... g. _____
 - h. Capital gains, taxable and nontaxable (for loss, enter -0-)..... h. _____
 - i. Rental income (for a loss, enter -0-)..... i. _____
 - j. Farm/partnership/Subchapter S income (for a loss, enter -0-)..... j. _____
 - k. Other income. Please specify _____ k. _____
- TOTAL GROSS INCOME** (add lines a through k) **\$** _____

Applicant's Declaration & Signature

I declare under penalty of perjury that this application is true, correct, and complete to the best of my knowledge. I agree to call 1-800-775-0516 to report any changes to my household income/household members – within 10 business days. Failure to report changes that make me ineligible for assistance may result in legal action against me for discounts improperly received. I authorize DCF - Economic Services Division to use information the department maintains about members of my household to determine my eligibility for energy assistance.

Account Holder's Name (print)

Date

Account Holder's Signature

Return your completed application & a copy of your most recent electric bill to:
Vermont Public Power Supply Authority, PO Box 126, Waterbury Center, VT 05677