



REACH PROGRAM APPLICATION

1. Complete the following information for each household member. List all household members. Indicate Ethnicity with one of the following number codes: 1) African American 2) Native American 3) Asian 4) Caucasian 5) Chose not to answer 6) Hispanic 7) Other

Last Name, First Name	Income (Enter gross \$ amount)	Source of Income (see below)	Age	Ethnicity	Gender M/F	Disabled Y/N	Citizen Y/N	Veteran Y/N

If you need additional space, attach another sheet.

EM	Employment	VB	Veteran's Benefits	UE	Unemployment	O	Other:
PN	Pension	SSI	SSI/SSD	SS	Social Security		
IN	Interest	CS	Child Support	PA	Public Assistance		

2. Print the service address.

Address _____

City, State, Zip Code _____

Phone Number _____ Can this number receive text messages? _____ County _____

Email Address _____ 4 Digit PIN Number _____

3. Do you agree to be notified of your grant decision by:

Text Message Email

4. Print the mailing address, if different from the service address.

Address _____

City, State, Zip Code _____

What is your housing status? Own Rent Other Public Housing Section 8

5. Enter the PG&E account information:

Enter the 11-digit PG&E account number:

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Total Account Balance:

Service Status: Off Termination Past-due

Termination Date:

6. Agency Information:

Intake Worker (please print)

Date

PLEASE READ ALL OF THE FOLLOWING CAREFULLY:

To the best of my knowledge, all information on this application is true and complete. I understand and accept that false or incomplete statements will result in immediate rejection. I permit Dollar Energy Fund to review my utility account with the utility company. I understand that this application does not guarantee I will receive a grant, nor does it guarantee that any particular amount of grant will be received. This application was signed by the applicant and proof of the amount of household income received in the past 30 days is attached.

Applicant Signature

Comments:

Agreement:

By signing below, I certify that I am financially unable to pay my energy bill, that I have exhausted all other sources of help with the bill and that the above information is true and correct to the best of my knowledge. I have not received assistance from the REACH program in the last 12 months, I authorize Dollar Energy Fund to release the information contained on this application to my utility vendor. My utility vendor is authorized to release billing information about my account to Dollar Energy Fund. This application is subject to verification of information and final approval by REACH Administration, I understand that this application does not guarantee I will receive a grant, nor does it guarantee that any particular amount of grant will be received. All documents to process my application has been attached.

I understand that by enrolling in the REACH program and depending on my eligibility, I will also be enrolled in the California Alternative Rates for Energy (CARE) program.

Applicants Signature: _____

Application Date: _____



Client Agreement

Client Name _____

Date _____

By signing below, I certify that the above named client authorizes Dollar Energy Fund to release the information contained on this application to their utility vendor. Their utility vendor is authorized to release billing information about their account to Dollar Energy Fund.

This application is subject to verification of information and final approval by utility administration. They understand that this application does not guarantee a grant nor does it guarantee that any particular amount of grant will be received. All documentation to process the application has been submitted by my agency.

Intake Worker Signature _____

Organization Name _____