

**Valley Electric Association
Lighthouse Assistance Program Application**

Personal Information:

Name: _____ SSN: _____

Address _____ Telephone: _____

City: _____ State: _____ Zip: _____

Household Members:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income Information: Total Monthly Income: \$ _____
Employer: _____ Telephone: _____
Spouse's Employer: _____ Telephone: _____
Own/Rent Amount: _____ Is rent subsidized? _____ By: _____

Assistance Information: Please list any assistance you are receiving, such as food stamps, child support, disability, SSI, LIHEA.

Assistance:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____

Assistance applied for and pending: _____

Is your electric bill past due? _____

Have you received bill payment assistance within the last 12 months? _____ After receiving help, will you be able to keep current with future bills? _____

Explain how: _____

What are the circumstances that require you to seek assistance?

I authorize the investigation of all statements contained in this application. Under the grounds of perjury, I hereby certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Spouse: _____ Date: _____

Agency Worker: _____ Date: _____

Valley Electric Employee: _____ Date: _____