

BOARD OF PUBLIC UTILITIES CUSTOMER ASSISTANCE PROGRAM (CAP)

HOUSEHOLD INFORMATION

BPU Customer of Record _____
 Name of Interviewer _____
 Applicant Date of Birth ____/____/____
 Address _____
 Phone (____) _____

<p>*MONTHLY HOUSEHOLD INCOME</p> <p><i>*All amounts must be verified</i></p> <p>____ Employer () ____ Employer () ____ Pension ____ Social Security ____ SSD ____ SSI ____ Public Asst. ____ Food Stamps ____ Compensation ____ Other ____ Other</p> <p>\$ _____</p> <p>TOTAL MONTHLY HOUSEHOLD INCOME</p>	<p>*MONTHLY HOUSEHOLD EXPENSES</p> <p>____ Rent/Mortgage <i>(please circle)</i> ____ Gas Payments ____ Electric ____ Food ____ Telephone ____ Cable ____ Loan Payments ____ Insurance ____ Clothing ____ Transportation ____ Other</p> <p>\$ _____</p> <p>TOTAL MONTHLY HOUSEHOLD EXPENSES</p>
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Total # in household ____ Ages ____
 Interviewer's Comments: _____

REASON FOR UTILITY ASSISTANCE

Eligibility Factor

____ Applicant over 60 years of age
 ____ Applicant/Household member Handicapped or Disabled (Attach Disability proof)
 ____ Applicant/Household member has a medical emergency (attach medical statement).
 Nature of Handicap or Medical Emergency: _____

Type of Energy Emergency

Utility Shut-Off scheduled
 Date ____/____/____

No fuel (Service Terminated as of
 Date ____/____/____)

Emergency Payment on Fuel

Previous Fuel Assistance

Has applicant applied for HEAP this year?
 Yes No If no, please explain: _____

Received	Date Posted to Utility	Amount
Basic Grant	____/____/____	\$ _____
Emergency Grant	____/____/____	\$ _____
Other Aid Rec'd.	____/____/____	\$ _____

Release of Confidential Information

I verify that the above information is true and give approval for the Salvation Army to share this information as needed with the utility company and other agencies which may provide assistance.

Signature of Applicant or Representative

UTILITY INFORMATION

Jamestown Board of Public Utilities, PO Box 700,
 Jamestown, NY 14702-0700 PH: (716) 661-1660
 BPU Account No.: _____

CALL COMPANY REPRESENTATIVES:
 Tammy Anderson PH (716)661-1663
 Christy Cuifolo (716) 661-1665

Balance Due on Account \$ _____
Last Payment on Account \$ _____

Date: ____/____/____ Type _____

Last Six (6) Customer Payments (Non-HEAP):

Date:	Amount:
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Has applicant attempted to make deferred payment arrangements with utility? YES NO

If no, explain: _____

Is there currently a DPA? YES NO

What is/What was DPA? _____

Current Account Balance \$ _____

Amount needed to avoid shut off \$ _____

Amount needed to restore service \$ _____

Hold requested on account? YES NO

Why? _____

Date Account Activated: ____/____/____

INTERVIEWING AGENCY INFORMATION

Date of Application ____/____/____

Interviewer _____

Phone (____) _____

Approved - Amount \$ _____

Denied - Reason _____

Date Faxed to BPU ____/____/____

BPU Customer Service Fax No. **(716) 661-1618**

BPU Approval Date ____/____/____

BPU Authorized Rep _____

Refund Transfer Receipt No. _____

BPU Account No. **244.1**

