

LUZERNE COUNTY
ARPA (American Rescue Plan Act)
HEATING & UTILITY ASSISTANCE PROGRAM
APPLICATION

- ☐ I live in Luzerne County.
- ☐ I need assistance with a heat related utility bill – water, electric, gas or deliverable fuel.
- ☐ My name is on the utility bill that I am applying for assistance with.
- ☐ I live at the service address on the utility bill.
- ☐ My household has income (from earned or unearned sources).
- ☐ I have not received utility assistance through any other programs such as LIHEAP or a Customer Assistance Program this year.

Each of the above statements must be true for you. If not, please stop here. You are not eligible for this program. For other programs you may be eligible for, please contact CEO's Utility Department at 570-826-0510 or contact your utility company directly.

Applicant Information:

Applicant's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email (if available): _____

Sex: ☐ Male ☐ Female ☐ Prefer not to say

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to say

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ White

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Prefer not to say

Are you a Veteran? ☐ Yes ☐ No ☐ Prefer not to say

➔ **Required: A copy of your photo ID MUST be attached (front and back).**

Household Information:

How many people are in your household? _____

List the following information for **ALL** occupants of the household. Household means all related or unrelated persons who share living arrangements and benefit from the utility for which you are applying. Start with yourself.

Failure to list all household occupants will result in disqualification from the program.

<u>Full Name & Relationship to Applicant</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____ (self)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(use a separate sheet if necessary)

Household Income:

List **ALL** income received by **ALL** household occupants, from **ALL** sources.

Failure to disclose all income will result in your disqualification from the program.

Name of Person with Income	Type/Source of Income	Income/Pay: how much?	How often paid?	Date of most recent payment

(use a separate sheet if necessary)

➔ **Required: Income documentation MUST be attached.**

Proof of **ALL** gross income from the past 30 days prior to application date. Income includes earned (i.e income statements, letter from employer, paystubs) and unearned (i.e child support, private pensions, social security retirement, social security disability (SSD), supplemental social security income (SSI), TANF, unemployment compensation, utility reimbursements, Veteran's Disability, Veterans Pension, workman's comp).

Utility Information:

What is your primary source of heat? ☐ Natural gas ☐ Electric ☐ Water ☐ Oil ☐ Propane ☐ Kerosene ☐ Wood/wood pellets ☐ Coal ☐ Other (If you use Coal, please circle which type: rice, buckwheat, pea, chestnut, or stove)

Is your utility already terminated? ☐ Yes ☐ No Shut off date: _____

Do you have a utility shut-off notice? ☐ Yes ☐ No Shut off date: _____

If you are applying for deliverable fuel, please indicate if either of the following apply:

☐ Out of fuel ☐ Low on fuel

➔ **Required: A copy of your utility bill MUST be attached; or for deliverable fuel, attach the most recent invoice that includes the vendor and account number.**

IMPORTANT: Please notify your utility company that you are applying for assistance and update your household size and income information with the utility company.

Attestation and Certification

Do you attest that your household experienced financial hardship which may include, but not limited to, a period of unemployment, a decrease in household income, had increased household costs, during the COVID 19 Pandemic?

Initials _____

By signing below, I acknowledge that all information and documentation provided are correct and complete and understand that providing a written false statement which I do not believe to be true is a misdemeanor of the third degree and is punishable as perjury under Pennsylvania Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000.

Applicant Signature: _____ **Date:** _____

Return application including required attachments (copy of photo ID, proof of income, utility bill/fuel invoice)

By mail to: CEO ARPA Utility Program, PO Box 1126, Wilkes Barre, PA 18703-1126

In person to: 165 Amber Ln, Wilkes Barre, PA 18702

Via email to: ceoarpautility@gmail.com Via Fax to: 570-829-1665 Questions? Contact us by phone: 570-826-0510