

Home Check-Up Program Application

Home Check-Up Program

Customer Name: _____
 Daytime Phone: _____
 Evening Phone: _____
 Account No. (On your electric bill): _____
 Address (On your electric bill): _____
 City/State/ZIP: _____
 Directions: _____

Is your building participating in any government programs such as HUD, Section 8 etc. Yes No

Do you rent or own your home? Rent Own

Electric Heat? Yes No

Electric Hot Water Heater? Yes No

Who owns the refrigerator? Tenant Owner

Who owns the freezer? Tenant Owner

Do you want the refrigerator tested and possibly replaced? Yes No

Eligibility Guidelines	
Your Household Size	Maximum Yearly Household Income Before Taxes
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

(For each additional person, add \$8,640)

I certify that the total number of people in the household is _____
 I certify that the total household income for the last 12 months was \$_____

Please attach copies of proof of income for the last 30 days. Originals cannot be returned.

Landlord's Name: _____
 Landlord's Phone: _____
 Landlord's Address: _____

I give FirstEnergy permission to do the following: 1) share my records with all parties planning to do work on my home or evaluating how much energy is being saved by that work; 2) use, at no charge, any description or pictures relating to the work performed at my home; and 3) have reasonable access to my home to inspect the work performed by the weatherization contractor.

 Customer Signature _____
 Date

If you have any questions, call us at 1-888-406-8074.

Return completed form to: FirstEnergy Corp.
 Attn: Human Services
 800 Cabin Hill Dr., Suite M043
 Greensburg, PA 15601

You may also fax the form to: 234-678-2388.
 Please fax all items individually.