

Acceptable Types of Income Documentation

Types of Income	Acceptable Proof
Black Lung Benefits	Statement from Coal Mine Workers' Compensation of expected benefit
Employment - Salary or Wages	Pay stubs to cover last 30-day period, letter from employer
Military Pay	Copy of military pay receipt or copy of direct deposit statement
Pension	Copy of pension check with stub indicating gross income, a letter from pension board, 1099 tax form or bank statement
Public Assistance - Department of Public Welfare (TANF)	Letter of benefits from current year or printout of benefits received from Department of Human Services
Rental Income	Tenant lease(s), notarized statement, including the amount the tenant is required to pay each month for rent or rent receipts
Retirement Savings	401K, 403b, IRA, and Annuities - copy of 1099 tax form required Roth IRA - copy of form 5498 from bank
Royalties	Monthly royalty statement, copy of royalty check (last 30 days), bank statement (last 30 days) or other income form
Self-Employment	Current tax return documentation, including Form 1040 & associated schedule (C, K, SE, S, etc.), quarterly statement from accountant or 1099 tax form
Short Term or Long-Term Disability	Letter of determination, copy of disability check, or bank statement
Social Security - Retirement, Disability, Supplemental Security Income (SSI), (Adults)	Copy of letter from Social Security Administration, benefit statement from current year, 1099 tax form or bank statement To obtain a copy of a benefit letter, visit ssa.gov/myaccount or call 1-800-772-1213
Spousal Support	Court order (only if receiving amount ordered) Domestic relations printout (last 30 days) - www.humanservices.state.pa.us Eppicard/Way2Go card printout (last 30 days) www.GoProgram.com bank statement (last 30 days) Passthrough Welfare Benefits statement from welfare (both sides) Voluntary child support of spousal support - Use other income form
Unemployment Compensation	Statement from Unemployment Compensation of expected benefit from current year, unemployment printout or bank statement
Utility Allowance/Check	Copy of utility check, document from housing listing utility reimbursement; printout from card if reimbursed on card (within the last 30 days)
Veterans' Benefits	Copy of letter from Veterans Administration, benefit statement from current year, or bank statement Visit va.gov/records/download-va-letters or call 1-800-827-1000
Workers' Compensation	Statement from Workers' Compensation of expected benefit, letter of determination, copy of check or bank statement
Zero Income	No income. Please complete the 'Zero Income' questions in section 2 of this application.
Other	Income not listed on this form. Please complete the 'Other Income' questions in section 2 of this application.

Pennsylvania Customer Assistance Program (PCAP) Enrollment Form



Met-Ed • Penelec • Penn Power • West Penn Power

Apply online at pabillassist.com. If you haven't registered for an online account with FirstEnergy, you will be directed to create one. If you have already applied, you do not need to complete a new application.

If your service has been disconnected or you have received a termination notice, please contact your utility. A pending PCAP application does not prevent service termination.

Account Number: _____ **Name on Account:** _____

Service Address: _____

1. Applicant Information:

Is your electric service terminated?	Yes	No	Do you have a termination notice?	Yes	No
Name of applicant:					
Home phone number:			Cell phone number:		Email:
To help us identify additional assistance programs which may be available to you, please circle all that you have applied for since October 1: LIHEAP CRISIS Dollar Energy Fund Other None					
Type of housing:	Single Home	Row	Semi	Townhouse	Mobile Home Apartment Other
Ownership status:	Own	Rent	Other		
If renting, the landlord's permission is required before home improvements can be made through the WARM program. Please list your landlord's name, address and/or phone number:					
Do you have electric hot water heating?	Yes	No			
Do you pay for heating?	Yes	No			
How is your residence mainly heated?	Electric	Gas	Oil	Propane	Wood Other
If heating with gas, who is your provider?					

2. Household Information: Complete this section for each person living in your home, including the electric account holder or yourself. Attach additional sheets if needed.

Name	Birthdate	Relationship to Applicant	Income for the last 30 days*	Type of Income (See included list) If any member does not have income, enter zero.

* Income documents may be submitted for the last 30 days or 12 months, whichever is more beneficial and representative of your true annual income. Income is neither counted nor requested for household members under 18.

Account Number:

Name on Account:

Other Income: Complete this section if you included income in the Household Information section qualified as 'Other' by the Types of Income list.

How often do you receive this income?	Annual	Bimonthly	Every Other Week	Monthly	Weekly
Is this a temporary source of income?	Yes	No			
How long do you expect this income source to exist?	30 days	60 days	90 days	Greater than 90 days	

Zero Income: Complete this section if the total amount of income is zero (\$0) in the Household Information section of this application.

I confirm/state that no adult member of my household is currently receiving income from any source.

Indicate how you and your household meet monthly living expenses, including housing (mortgage or rent), food, and utilities (electric, gas, water, and/or phone). You must select at least one option. Check all that apply.

I am using money from savings

I receive financial support from friends/family/community

Other

3. Acknowledgement and Consent

I agree that the facts set forth in my PCAP application are true and complete to the best of my knowledge. FirstEnergy reserves the right to further verify application information if necessary. I understand and accept that false or incomplete statements will be cause for rejecting my application or removing me from the program.

I allow FirstEnergy and the Dollar Energy Fund to release and exchange relevant information with other agencies or utilities in order to make appropriate referrals to services that may assist me in lowering my energy bill or help me to better afford my energy costs.

Date: _____

Signature: _____

PCAP Participants:

- Must acknowledge this account is for the primary residence of the account holder.
- Must agree to re-enrollment if you were a previous PCAP participant. You will be contacted by Dollar Energy Fund to advise you of the amount due on your first PCAP bill if re-enrolled. If your initial program balance was more than \$300, you will only be eligible for forgiveness credits for the portion of the balance that was originally set aside and has not been paid. The remainder of your balance will be due immediately. You must decide whether to re-enroll after being notified of the estimated amount due on your next PCAP bill.
- Agree to recertify household income eligibility as scheduled or when there is a change in household size, income, or heat source. Notifications to complete recertification begin approximately 60 days before the scheduled end date of the program. You may apply online at pabillassist.com, call Dollar Energy Fund or complete the paper application that will be mailed. LIHEAP applicants may choose to share their LIHEAP application data with us on the LIHEAP application to help with program enrollment or recertification. FirstEnergy will automatically recertify PCAP customers that share this LIHEAP application data with us.
- Agree to apply for the Low Income Home Energy Assistance Program (LIHEAP), if eligible.
- Agree to participate in the WARM program, if eligible.
- Cannot be on an installment plan while enrolled in PCAP. Being removed from an installment plan may cause a larger balance to be due on the first PCAP bill.
- Cannot participate in Equal Payment Plan billing.
- Cannot receive service from an electric generation supplier. Suppliers cannot charge a PCAP participant any additional fees. This includes early termination and cancellation fees.
- Must pay PCAP bills in full to receive program benefits and avoid service termination.
- Cannot be billed on a PCAP account for products and services, such as the Meter Surge Arrestor program, Line Protection Program, AC, Furnace, and Electrical program, Tree Trimming and Landscape Lighting program.
- May be billed on a separate account for outdoor lighting.

CHECK THE FOLLOWING BEFORE MAILING:

- **Review sections 1-3 to ensure your application is signed and completed.**
- **Include acceptable income documentation for all adults under the Household Information section of this application. Please write your account number on each document.**
- **Mail or fax your completed application and acceptable income documentation to:**
Dollar Energy Fund P.O Box 42329 Pittsburgh, PA 15203 or fax to 412-515-1661

For questions about your PCAP application, contact Dollar Energy Fund at 888-282-6816 Monday through Friday from 8 a.m. to 5 p.m.