

Energy Assistance Crisis Payment Form



Applicant Name: _____

Please explain the sudden or unexpected event that occurred in the last 90 days. The event must have been beyond your control and resulted in your inability to pay household energy costs. This may include: medical bills, unexpected car repair, loss of income, etc.

Applicant Signature: _____

Date: _____

FOR ENERGY ASSISTANCE STAFF

Energy Assistance Manager (or designated staff) has approved a crisis payment.

Has a payment been made to the utility within the previous 90 days? **Y** or **N**

If there are no payments in the last 90 days, a copayment is required. Intake worker confirmed a copayment in the amount of \$_____ was made to _____.

Energy Assistance Staff signature: _____ **Date:** _____

Exception (list reason(s) for exception):

Intake Worker Initials: _____