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: ____________