



DELTA-ANGLEC ENERGY ASSISTANCE PROGRAM APPLICATION FORM

Section 1: Proof Documentation

Please return the completed form to the ANGLEC Customer Service Office **in a sealed envelope** along with the following:

- 1 Proof of Household's income (3 months or less) attached?
- 2 Copy of identification attached?
- 3 Proof of household residency attached?*
* For proof of residency please provide, a current electric bill, water bill, LIME bill or Bank Statement showing address (if in your name)
- 4 ANGLEC Account Number
- 5 Is your bill is in your landlord's name?
- 4a If yes, landlord's name? _____
- 4b Landlord's contact phone number _____
- 6 Energy usage checklist completed and attached?
- 7 Number of months disconnected

Section 2: Personal Contact Information

- 8 First and Last Name: _____
- 9 Mailing Address _____
- 10 Physical Address _____
- 11 Phone Number(s) **Home:** _____ **8 Cell:** _____
- 12 Email Address: _____ Facebook Address: _____

Section 3: Household Information

13 Fill in all spaces below for ALL Household members (List yourself First):

	First and Last Name	Monthly Income	Relationship to Applicant	Age
1				
2				
3				
4				
5				
6				
7				
8				

Section 4: Employer Contact Information

- 14 Employer Name _____
- 15 Employer Phone Contact Info **Business:** _____ **11** **Cell:** _____

Section 5: Authorizations

Disclaimer

By signing below, I understand that I am giving consent to Delta and ANGLEC to use the data I submit in the manner and for the purposes of participation in the Delta-ANGLEC EAP program.

By signing below, I attest that the information provided above is true and accurate. This application must be signed by each adult in the household.

Participant's Signature

Date

Participant's Name

DELTA-ANGLEC ENERGY ASSISTANCE PROGRAM
ENERGY USAGE CHECKLIST
 2014



HOUSEHOLD DEVICES	QUANTITY	Average Number of Hours Per Day Used	Days Per Week
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Living Room

Television Size _____ inches Type: () LCD () LED () PLASMA () TUBE			
Sattelite/Cable Receiver			
Gaming Console (Xbox, Wii, PS3, etc.)			
Desktop Computer & Monitor			
Laptop Computer			
Laser Printer			
Inkjet Printer			
Air Conditioner/AC Size _____			
Fan, Ceiling type			
Fan, Padestal type			
Fan, Window type			
Lights (Average Wattage _____)			
Radio			
Stereo (hi-fi)			
VCR			
DVD Player			
Answering Machine			
VacuumCleaner			

Bedroom(s)

Curling Iron			
Fan, Ceiling type			
Fan, Padestal type			
Fan, Window type			
Television Size _____ inches Type: () LCD () LED () PLASMA () TUBE			
Air Conditioner/AC Size _____			
Lights (Average Wattage _____)			

HOUSEHOLD DEVICES	QUANTITY	Average Number of Hours Per Day Used	Days Per Week
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Bathroom(s)

Curling Iron			
Lights (Average Wattage _____)			
Blow Dryer			

Utilities

Water Heater			
Water Pump			
Washing Machine () ELECTRIC () GAS			
Clothing Dryer () ELECTRIC () GAS			
Electric Iron			

Kitchen

Refridgerator			
Deep Freezer			
Electric Kettle			
Toaster			
Microwave			
Dishwasher			
Electric Grill			
Electric Stove			
CoffeeMaker			
Microwave Oven			

Outdoors

Security Lights			
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