

WARM Program Application

WARM Program

Customer Name: (on your electric bill)	Day Phone:
Account Number: (on your electric bill)	Evening Phone:
Address:	
City/State/Zip:	

Gas Utility Referral	WARM Eligibility Guidelines	
I am interested in hearing more about weatherization assistance through my gas utility. I request FirstEnergy provide my name, address, phone number and gas account number for possible follow up.	Your Household Size	Maximum Yearly Household Income Before Taxes
Company Name: _____ (on your gas bill)	1	\$31,300
Customer Name: _____ (on your gas bill)	2	\$42,300
Account Number: _____ (on your gas bill)	3	\$53,300
	4	\$64,300
	5	\$75,300
	6	\$86,300
	7	\$97,300
	8	\$108,300
	(For each additional person, add \$11,000)	

If you are interested in hearing more about Pennsylvania's Weatherization Assistance Program (WAP), please contact the Pennsylvania Department of Community and Economic Development (DCED) at 1-866-466-3972.

I certify the total number of people in the household is _____. I certify the total household income for the last 12 months was \$ _____.	INTERNAL USE ONLY															
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Do you rent or own your home?</td> <td style="width: 30%;">Rent</td> <td style="width: 40%;">Own</td> </tr> <tr> <td>Electric heat?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Electric hot water heater?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Who owns the refrigerator?</td> <td>Tenant</td> <td>Owner</td> </tr> <tr> <td>Who owns the freezer?</td> <td>Tenant</td> <td>Owner</td> </tr> </table> Landlord's Name: _____ Landlord's Phone: _____ Landlord's Address: _____	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 rent or own your home?	Rent	Own														
Electric heat?	Yes	No														
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Who owns the refrigerator?	Tenant	Owner														
Who owns the freezer?	Tenant	Owner														

By completing this application, you are providing consent for FirstEnergy Pennsylvania Electric Company (FEPA) to share your account information with authorized third parties associated with administering services for the WARM program. Account information shared includes energy usage, household income, and customer contact information. Third parties are prohibited to sell or disclose any information obtained, including description or pictures relating to the work, outside of providing WARM services. You are also giving consent for FEPA to have reasonable access to your home to complete and inspect the work performed.

_____ **Customer Signature** _____ **Date**

Return completed form via one of the options below:

Mail: FirstEnergy Corp. Attn: Human Services 2800 Pottsville Pike P.O. Box 16001 Reading, PA 19612-9977	Fax: 1-800-589-8265 Email: pawarm@firstenergycorp.com Por favor llame al 1-888-406-8074 para recibir esta solicitud en español.	To Apply by Phone or Online Contact Us at: Dollar Energy Fund 1-888-282-6816 pabillassist.com
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