



APPLICATION FORM (Revised 5/22/08 Re: expanded program)

Contact Information: (Please print clearly)
Contact Name: _____
Contact phone number(s) _____, _____, _____
Mailing Address: _____, _____, AK _____

I. Household Size and Income Information for eligibility purposes: (Please print clearly)

- The current total number of people that live in my household is: _____ (please list)
Name _____ Age ____, Name _____ Age ____
Name _____ Age ____, Name _____ Age ____
Name _____ Age ____, Name _____ Age ____
Name _____ Age ____, Name _____ Age ____
- Yes No I participate in a financial assistance program that has already verified my income, and **I am attaching a letter I recently received from that agency verifying my income eligibility.** The name of agency or program is _____. (If “Yes,” skip questions 3 and 4.)
- Yes No Household members filed Federal Income Tax forms in 2007. If “Yes,” what is the total gross income from all the current household members who filed (IRS Form 1040, line 22; or 1040A, line 15): \$ _____ annual gross income. You must **attach copies of the first page of all household 2007 IRS form 1040 or 1040A** (Note: you may black out social security numbers.)
- Yes No There have been significant income or expense changes since 2007, such as a loss of a job or large medical expenses. If “Yes” please attach a brief explanation and any supporting documentation.

II. AEL&P Bill Information:

- Yes No A household member is a current customer of AEL&P. If “Yes,” **attach a copy of your May 16, 2008 bill, or later bill.** Customer Name on AEL&P bill _____
AEL&P Account number _____ If “No”, see question 6.
- My household is not a direct customer of AEL&P, but we pay for electricity and are responsible for increased electricity costs. Please attach a brief explanation and a letter from the person who is an AEL&P customer explaining allocation of the bill cost, and a copy of their bill. That account will be credited.

I certify the information is complete and accurate to the best of my knowledge. I consent to allow AEL&P to provide information about my account to this program. If I responded “Yes” to question 2 above, I release that agency _____ to provide further information, if needed, on my eligibility for this program.

Applicant Signature _____ **Date** _____

- Fax application and required attachments to:** Attn: Juneau Unplugged, 523-6208
- Mail to:** Juneau Unplugged, Catholic Community Service, 419 Sixth St, Juneau, AK 99801
- Drop off sites:** Any Juneau Library, AEL&P Office, or Valley Job Service Center
- For questions or help in applying,** call 463-6130, or email: unplugged@ccsjuneau.org



Temporary Avalanche-Related Electric Bill Payment Help for Low Income Households

If your total gross household income is at or below the following, your household is eligible for a partial payment of your current AEL&P electric bill. NOTE: Payment levels could be reduced in the second or third month if total costs are higher than estimated.

# in Household	Level 1	Level 2	Level 3
	Pay approx 70% of increase Gross Annual Income	Pay approx 50% of increase Gross Annual Income	Pay approx 30% of increase Gross Annual Income
1	0 to \$26,000	\$26,001 to \$32,500	\$32,501 to \$39,000
2	0 to \$35,000	\$35,001 to \$43,750	\$43,750 to \$52,500
3	0 to \$44,000	\$44,001 to \$55,000	\$55,001 to \$66,000
4	0 to \$53,000	\$53,001 to \$66,250	\$66,251 to \$79,500
5	0 to \$62,000	\$62,001 to \$77,500	\$77,501 to \$93,000
6	0 to \$71,000	\$71,001 to \$88,750	\$88,751 to \$106,500
7	0 to \$80,000	\$80,000 to \$100,000	\$100,001 to \$120,000
8	0 to \$89,000	\$89,001 to \$111,250	\$111,250 to \$133,500

Above 8, add for each additional member: Level 1 +\$9,000; Level 2 + \$11,250; Level 3 + \$13,500
(Levels 1, 2, 3 are based on 200%, 250% and 300% of Federal Poverty Income Guidelines - Federal Register January, 2008)

Wait for your next bill after May 16th (When the higher rates began). No eligible applicant will be turned down.

To verify your eligibility:

- If you are currently served by a program that provides financial assistance:** Many agencies will be sending letters to their clients to attach to this application. This is all the income verification required. **OR,**
- Other applicants must attach copies of the first page of your 2007 IRS tax return (usually a 1040 or 1040A).** (NOTE: You may black out your social security number. PFD's do not count as income.)
- If you had recent changes in your income status** (like the loss of job or income) then you may also provide your April 2008 income with copies of verification (like a copy of a paycheck stub).

AEL&P Customers: This program can only make payments to AEL&P customer accounts. That is why we need a copy of your AEL&P bill. If you are a renter (or for any other reason a household member's name is not on the account), but you pay the electric bill, then you must provide an explanation including who the AEL&P customer is, how your portion of the bill is allocated, and include a copy of the bill.

Your Privacy and Confidentiality of Information: Information provided to this program is confidential. Anything you submit, or AEL&P account information you authorize us to access, or other information you authorize us to access from any other agency to determine your eligibility, will be used only for the purposes of providing program services to your household.

You may Fax or Mail or Drop off your application (see application for details)

For questions or assistance: Call 463-6130, or email: unplugged@ccsjuneau.org

Funded by the City and Borough of Juneau and administered by United Way of Southeast Alaska and Catholic Community Service.