




# Valley Electric Association, Inc.

Your Touchstone Energy® Cooperative 

## Lighthouse Assistance Program Application

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Household Members:	Date of Birth:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Income Information:** Total Monthly Income: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Own/Rent Amount: \_\_\_\_\_ Is rent subsidized? \_\_\_\_\_ By: \_\_\_\_\_

**Assistance Information:** Please list any assistance you are receiving, such as food stamps, child support, disability, SSI, LIHEA.

<b>Assistance:</b>	<b>Amount:</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Assistance applied for and pending: Is \_\_\_\_\_ your electric bill past due?

Have you received bill payment assistance within the last 12 months? \_\_\_\_\_ After receiving help, will you be able to keep current with future bills? \_\_\_\_\_

Explain how: \_\_\_\_\_  
What are the circumstances that require you to seek assistance?

\_\_\_\_\_  
\_\_\_\_\_

*I authorize the investigation of all statements contained in this application. Under the grounds of perjury, I hereby certify that the foregoing statements are true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Valley Electric Employee: \_\_\_\_\_ Date: \_\_\_\_\_