



# UGI Customer Assistance Program CAP Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Energy provided by UGI:      Gas      Electric      Both Gas & Electric

Service Address Street: \_\_\_\_\_

Service Address City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Household Members and Income - List the people who live with you at this address.**

Include all children and adults. Indicate all sources of income for each household member.

Note: Figures should represent gross monthly income.

Name	SS#	Date of Birth	M/F	Income Source(s)	Income Amount(s)
Please attach additional sheets if necessary.				<b>Total Gross Monthly Income \$</b>	

**Household Expenses - Indicate all expenses for your household.**

Expense	Amount	Expense	Amount
Mortgage/Rent		Food (without food stamp(s))	
Water/Sewer		Electric	
Transportation		Insurance	
Medical/Prescriptions		Telephone	
Day Care/Support		Trash/Recycling	
Non-Gas/Electric Heating			

**Customer Assistance Program (CAP) CONSENT AND RELEASE**

I agree and consent to UGI sharing the information contained in my application and all other information relating to my customer account with those employees, representatives, agents, contractors, or subcontractors of UGI utilized to administer CAP and to evaluate my application for acceptance into CAP. Furthermore, I hereby release and hold harmless UGI, its employees, representatives, agents, contractors, and affiliates from and against any and all claims related to my application, my participation in CAP, and the administration and evaluations of UGI CAP.

**Customer Assistance Program (CAP) TRUTH OF STATEMENT**

The information on this application is true and complete to the best of my knowledge. The employees, representatives, agents, contractors or subcontractors of UGI have the right to verify my income and expenses if necessary. I understand and accept that providing false or incomplete statements on this application will constitute cause for rejecting my application or removing me from CAP.

Signature:

Print Name:

Date:

**Permission to Contact**

Do we have permission to contact you regarding your account?

Home Phone      Cell Phone      Email

**Application Instructions**

Fill out all required information clearly and completely.

Provide proof of income for the most recent 30 days, 90 days, or 12-month period. Proof includes pay stubs, award letters, employer statements, etc.

Provide a valid picture ID.

If you told us you have no income or your income is less than the cost of your monthly expenses you may be required to provide additional information.

Properties that have higher than average usage will be required to fill out additional forms.

Sign Consent and Release and Truth of Statement.

Submit the completed form to the Community Based Organization assigned to your ZIP Code.

- If you do not have a printer, you may be able to fill in the form online, save it and then email the information to the agency. Please contact the agency to determine if this is acceptable.
- If you are not able to download or print the form, you can contact the agency and they will provide the applicable applications to you. Or, contact UGI at 800-UGI WARM to request a form.