



REACH PROGRAM APPLICATION



RELIEF FOR ENERGY ASSISTANCE THROUGH COMMUNITY HELP (REACH)

The Relief for Energy Assistance through Community Help (REACH) program helps low-income families pay for energy during a crisis. REACH provides an energy credit for up to \$1,000 based on the past due bill. Energy credit support is subject to funding availability. To be eligible for REACH, a customer must:

- Account must be in the name of an adult living in the household
- Have a past due balance of no more than \$2000
- Have a past due balance, have received a 15-day or 48-hour disconnection notice, or have been disconnected
- Not have received REACH assistance within the past 12 months

REACH Income Guidelines

Household Size : Maximum Income Guidelines

	<u>1-2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>	<u>7 Persons</u>	<u>8 Persons</u>
Max Yearly	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120
Max Monthly	\$3,286.67	\$4,143.33	\$5,000.00	\$5,856.67	\$6,713.33	\$7,570.00	\$8,426.67

1. COMPLETE THE FOLLOWING INFORMATION FOR EACH HOUSEHOLD MEMBER. LIST ALL HOUSEHOLD MEMBERS.

Account Holder First Name _____ Account Holder Last Name _____

Last Name, First Name	Gross Income	Source of Income	Age	Ethnicity	Gender M/F	Disabled Y/N	Citizen Y/N	Veteran Y/N

Indicate Ethnicity with one of the following number codes:

1 African American	3 Asian	5 Chose not to answer	7 Other
2 Native American	4 Caucasian	6 Hispanic	

Indicate the Source of Income with one of the following number codes:

EM Employment	VB Veteran's Benefits	UE Unemployment	O Other:
PN Pension	SSI SSI/SSD	SS Social Security	
IN Interest	CS Child Support	PA Public Assistance	

2. SERVICE ADDRESS

Address

City, State, Zip Code

Phone Number

Can this number receive text messages?

County

Email Address

3. DO YOU AGREE TO BE NOTIFIED OF YOUR GRANT DECISION BY: ☐ Text Message ☐ Email

4. MAILING ADDRESS, IF DIFFERENT FROM THE SERVICE ADDRESS.

Address

City, State, Zip Code

What is your housing status? ☐ Own ☐ Rent ☐ Other ☐ Public Housing ☐ Section 8

5. ENTER THE PG&E ACCOUNT INFORMATION:

--	--	--	--	--	--	--	--	--	--	--	--	--

Total Account Balance: \$

Service Status: ☐ Off/Disconnected ☐ Termination/Shutoff Notice ☐ Past-due Account

Termination Date:

6. AGENCY INFORMATION:

Central Coast Energy Services

Intake Worker (please print)

Date

PLEASE READ ALL OF THE FOLLOWING CAREFULLY:

To the best of my knowledge, all information on this application is true and complete. I understand and accept that false or incomplete statements will result in immediate rejection. I permit Dollar Energy Fund to review my utility account with the utility company. I understand that this application does not guarantee I will receive a grant nor does it guarantee that any particular amount of grant will be received. This application was signed by the applicant and proof of the amount of household income received in the past 30 days is attached.

Applicant Signature