



For Company Use Only:

Received _____
Cycle _____

LASSEN MUNICIPAL UTILITY DISTRICT
65 S. ROOP STREET * SUSANVILLE, CA * 96130
(530) 257-4174 * FAX (530) 257-7610

ENERGY CONSERVATION ASSISTANCE PROGRAM
E.C.A.P.

THIS FORM MUST BE COMPLETE AND ALL REQUIRED INFORMATION INCLUDED OR YOUR APPLICATION MAY BE REJECTED

APPLICATION FOR ASSISTANCE UNDER THIS PROGRAM DOES NOT PREVENT OR DELAY DISCONNECTION OF SERVICE FOR NON-PAYMENT OF PAST DUE AMOUNTS. YOUR ACCOUNT MUST BE CURRENT BEFORE YOUR APPLICATION CAN BE APPROVED.

ALL INFORMATION PROVIDED IS CONFIDENTIAL AND FOR USE BY LMUD AND ITS AGENTS FOR THE PURPOSE OF VERIFICATION OF ELIGIBILITY FOR THE ECAP PROGRAM.

Name on Account (Applicant): _____ Account # _____

Mailing Address: _____

Telephone Number: _____ (check if message #)

Physical (Service) Address: _____

MY HOUSE IS DESIGNED TO USE: (Check one) Propane/Nat Gas ___ Kerosene ___ Electric ___ Wood ___
You must list **the primary source your house is designed to use.**

INCOME VERIFICATION

Salary, wages, training allowances, income from self employment: \$ _____
Public Assistance (Grants, WIC, General Relief, Food Stamps) \$ _____
SSI, Retirement, UIB, Disability, Pensions, Child Support, Alimony \$ _____
All Other Income (Rents, Interest, Royalties, etc) \$ _____

TOTAL GROSS MONTHLY INCOME FOR HOUSEHOLD \$ _____ per month

(PLEASE ATTACH PROOF OF GROSS INCOME FOR THE PAST 60 DAYS FOR ALL HOUSEHOLD MEMBERS with application. BANK STATEMENTS ARE NOT ACCEPTABLE PROOF OF INCOME)

If any adult members of the household have no income, please complete the following section:

ZERO INCOME DECLARATION VERIFICATION

I, _____, have not had any income in the last 60 days due to the following:
(Applicant or other adult household member)

- _____ Job ended-UIB Pending or Not Eligible at this time
- _____ Disability Pending – or Not Eligible at this time
- _____ Have been incarcerated
- _____ Other (explain) _____

Signature of person(s) with zero income _____

PLEASE LIST ALL PEOPLE IN YOUR HOUSEHOLD
(Include yourself and complete all sections)

First & Last Name	Relationship	Age	Disabled (Y/N)	Income Source	Monthly Gross Income Amount
	SELF				

(Please use additional sheet if necessary)

(PLEASE ATTACH PROOF OF GROSS INCOME FOR THE PAST 60 DAYS FOR ALL HOUSEHOLD MEMBERS)

This is a legal document. Please read this carefully before signing:

1. I hereby authorize Lassen Municipal Utility District, its Agents and Assigns, to have access to and examine all employment, income, utility, fuel, and any and all other records they deem to be useful and/or pertinent to analyzing my application for energy assistance. I also authorize an inspection of my primary heating source for verification purposes.
2. I hereby authorize the release of information regarding my utility bills, past, present, and future, as well as authorize the release of information necessary to verify any of the statements or representations herein.
3. I understand that for the purpose of this application "Household" is defined as: (A) one person living alone; (B) A single family; (C) Two or more families living together; (D) Any other group of related or non-related persons who are sharing living arrangements.
4. I certify under penalty of perjury, that all information is true and correct to the best of my knowledge. I understand that falsification of information of this application will result in my becoming ineligible for energy assistance and may result in the reversal of ECAP credits applied to my account and, if that occurs, I shall become immediately responsible for all amounts incurred for electrical service, fees, penalties, and other applicable charges.
5. I understand that my account must be current in order to apply for ECAP assistance. I further understand that, if my account is disconnected for non-payment, I may be removed from the program at management's discretion.

I declare that the facts stated herein are true and acknowledge that any misrepresentations or fraudulent statements may disqualify me from any assistance through this program. I understand that my account must be current before my application will be considered for approval and before any assistance can be provided. I also acknowledge that it is my responsibility to notify LMUD if any circumstances change which would affect my eligibility for assistance under this program.

Applicant's Signature

Date