Application for Assistance

Name: _____ Today's Date: _____

Service Address: _____ Home Telephone: _____

_____ Cell Phone: _____

_____ Email: _____

Assistance Requested Amount: _____

Company: _____

County of Residence: _____

What Church do you attend: _____

Marital Status: _____

Please provide the following documentation:

Driver's Liscense
Social Security Card for primary person on bill
Proof of Income for all in house
Disconnect Notice & Regular Bill
For Swepco clients Proof of Payment of at least 100.00 towards your bill in the last 90 Days

Name	DOB	Disabled (check if so)	Vetern (check if so)	Monthly Income	Income Source	Gender