

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)
Total Gross Monthly Income					\$

Please attach additional sheets if necessary.

Household Expenses — Indicate all expenses for your household:

Expense	Amount	Expense	Amount
Mortgage/Rent		Food (without food stamps)	
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

<input type="checkbox"/> Fill out all required information clearly and completely
<input type="checkbox"/> 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.
<input type="checkbox"/> Provide a valid picture ID
<input type="checkbox"/> 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
<input type="checkbox"/> Properties that have higher than average usage will be required to fill out additional forms.
<input type="checkbox"/> Signed Consent and Release and Truth of Statement.