



Customer Assistance Program (CAP) Application and Renewal Form

Please list yourself and all members of your household below:

Last Name	First Name	Birthdate	Gender (M/F)	Social Security Number	Relationship	Monthly Income
					SELF	
(Send additional sheet if needed)				Food Stamp Amount:		

Applicant Contact Information

Home Phone Number:	Cell Phone Number:
Address:	
Email:	

Household Monthly Expense Information

Mortgage	\$	Car Payment	\$
Rent	\$	Bus Pass	\$
Phone (home & cell)	\$	Day Care	\$
Water & Sewage	\$	Child Support	\$
Cable	\$	Credit Cards	\$
Food (aside from stamps)	\$	Loans	\$
Medical Expenses	\$	Laundromat	\$
Clothing	\$	Other	\$

Other Household Information

Name of Gas Company:	Type of Air Conditioning: Window or Central
Do you participate in a Gas CAP? Y / N	Number of Window A/C units:
Amount of Gas Budget:	Number of Electric Space Heaters:

Water Tank: Gas Electric None	Washing Machine: Gas Electric None
Stove: Gas Electric None	Dryer: Gas Electric None
Number of Refrigerators:	Own fridge? Y / N
Separate Freezer? Y / N	Dishwasher? Y / N
Dehumidifier? Y / N	Air Cleaner? Y / N
Number of Televisions:	Size: Small Large Big Screen

Type of Home: Apartment Duplex Row House Mobile Home Ranch 2-Story Other _____
Age of Building: _____ Number of years lived there: _____
Total number of rooms: _____
Grants Applied for this season: LIHEAP CRISIS Dollar Energy Other None

Account Number: _____ Date: _____

Print Name: _____

Signature: _____

**Proof of Income
Required**

{Fill out for discussion with CAP agency representative}