EnergyShare®

EnergyShare Application

Date

Applicant Name	Account Holder Name if Different	
Address		
City	State	Zip

Telephone Number ( )

Total Number of People In Household: **Over 60 years of age:** ___________

Head of Household is: ☐ Unemployed ☐ Employed **(Employment Status must be Verified)**

Total Household income is: $ _____________ Weekly or $ _____________ Monthly **(Salary Must be Verified)**

Seeking Assistance for (Check One)

☐ Electric ☐ Fuel Oil ☐ Natural Gas ☐ Propane Gas (Bottled) ☐ Kerosene ☐ Wood

Energy Supplier	Telephone Number ( )

Customer's Energy Supplier Account Number

Do you have a Serious Medical on your Primary Energy Supplier's Account? ☐ No ☐ Yes

Personal or Family Crisis (Explain)

Statement of Application: I certify that the above statements and attachments are true and correct to the best of my knowledge, I understand that providing false information may result in disqualification of benefits. I understand that in requesting assistance from the Dominion Energy – EnergyShare programs, the information given above may be shared or given to other agencies to determine need and eligibility. By signing this form, I am allowing this agency to exchange information about me and my household with other agencies. Further, I authorize any social service, employment agency or my utility to provide confidential information to the EnergyShare Program and allow access to all of my account information up to and including usage information.

Applicant (Signature)	Date

For Agency Use Only

Applicant Number (if applicable):

☐ General ☐ Veteran Pledge ☐ Disabled Pledge

Amount to be paid: $ ______________________

Referred to Weatherization: ☐ Yes ☐ No – Reason not referred:

Form No. 727244 (April 2018)

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