

Screening Agency:

Intake Worker:

Phone Number:



ELECTRIC ASSISTANCE FUND (EAF) APPLICATION

1. Complete the following information for each household member. List all household members. Indicate Customer of Record and Head of Household with a check mark. Indicate Ethnicity with one of the following number codes: 1)African American 2)American Indian 3)Asian 4)Caucasian 5)Chose not to answer 6)Hispanic 7)Other

Last Name, First Name	D.O.B.	Customer of Record	Head of Household	Authorized Individual	Ethnicity	Check if Disabled	Gender

If you need additional space, attach another sheet.

2. Print the service address.

Address

City, State, Zip Code

Phone Number County

3. Print the mailing address, if different from the service address.

Address

City, State, Zip Code

What is your housing status? Own Rent Other

4. Choose the primary income source and list the total gross monthly income for all sources of income.

Employment	Veteran's Benefits	Unemployment	Other:
Pension	SSI/SSD	Social Security	
Interest	Child Support	Public Assistance	

Total Gross Monthly Income:

INCOME VERIFICATION AFFIDAVIT

Applicants must provide proof of total household income to qualify for utility assistance through Southern California Edison's Energy Assistance Fund (EAF).

The Income Verification Affidavit:

CAN BE USED FOR	CANNOT BE USED FOR
<ul style="list-style-type: none">• For household members who receive cash payment for work, and do not have any proof of income: Example: Day laborers, self employed• For household members who receive money from sources such as family and friends, recycling.• <u>Mandatory</u> use of this form If the applicant is claiming the total household income is \$0	<ul style="list-style-type: none">• Employed household members who are paid with checks and have paystubs• Household members who receive Social Security, SSI, SSP, public assistance, disability, workers compensation, unemployment, pension, interest, or any other income with documented proof.

Please provide the name of the person who is utilizing the income affidavit as proof of income, supply the total amount received, and check the box for proof of income.

1. Name: _____ \$ _____ Month

Paid with cash / Family cash assistance / \$0 Household Income

2. Name: _____ \$ _____ Month

Paid with cash / Family cash assistance / \$0 Household Income

3. Name: _____ \$ _____ Month

Paid with cash / Family cash assistance / \$0 Household Income

By signing below, I certify under penalty of perjury under the laws of the State of California that this information is true and correct.

Applicant Signature: _____ Date: _____

DECLARACIÓN JURADA DE VERIFICACIÓN DE INGRESOS

Los solicitantes deben presentar comprobantes del ingreso total de su hogar para tener derecho a recibir asistencia para el pago de los servicios públicos mediante el Fondo de Ayuda para la Energía (EAF) de Southern California Edison.

La declaración jurada de verificación de ingresos:

PUEDE SER USADA PARA	NO PUEDE SER USADA PARA
<ul style="list-style-type: none">• Miembros del hogar que reciben pago en efectivo por su trabajo y no tienen ningún comprobante de ingreso Ejemplo: Jornaleros, Trabajadores por cuenta propia• Miembros del hogar que reciben dinero de fuentes como la familia y los amigos, o de el reciclado• Solicitantes que declaran que el ingreso total de su hogar es \$0	<ul style="list-style-type: none">• Miembros del hogar que son empleados, se les paga con cheque y tienen talones de pago• Miembros del hogar que reciben Seguro Social, SSI, SSP, asistencia pública, incapacidad, indemnización para los trabajadores, desempleo, pensión, intereses o cualquier otro ingreso comprobable mediante documentos

Por favor, indique el nombre de la persona que está utilizando la declaración jurada de ingresos como comprobante de ingresos, anote el importe total recibido, y marque la casilla correspondiente al comprobante de ingresos.

1. Nombre: _____ \$ _____ Mes

Pagado en efectivo / Asistencia familiar en efectivo / Ingreso del hogar \$0

2. Nombre: _____ \$ _____ Mes

Pagado en efectivo / Asistencia familiar en efectivo / Ingreso del hogar \$0

3. Nombre: _____ \$ _____ Mes

Pagado en efectivo / Asistencia familiar en efectivo / Ingreso del hogar \$0

Al firmar por de bajo, hago constar so pena de perjurio conforme a las leyes del Estado de California que esta información es verdadera y correcta.

Firma del solicitante: _____ Fecha: _____