

PPL OnTrack Payment Program Application

1. Customer Information	2. Employment Status for head of household
Customer Name _____ Bill Account # _____ Daytime Phone () _____ Alternate Phone () _____	<input type="checkbox"/> Full-Time (35 or more hours/week) <input type="checkbox"/> Part-Time (34 or less hours/week) <input type="checkbox"/> Unemployed (currently not employed) <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Other

Send my enrollment information to: My U.S. Mailbox My Email →

3. Members in Household - List and include copies of **all** monthly sources of household income

First Name _____	Last Name _____	Age _____	<input type="checkbox"/> No Income
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____	SSI/SSD \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Child Support \$ _____	Other \$ _____
First Name _____	Last Name _____	Age _____	<input type="checkbox"/> No Income
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____	SSI/SSD \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Child Support \$ _____	Other \$ _____
First Name _____	Last Name _____	Age _____	<input type="checkbox"/> No Income
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____	SSI/SSD \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Child Support \$ _____	Other \$ _____
First Name _____	Last Name _____	Age _____	<input type="checkbox"/> No Income
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____	SSI/SSD \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Child Support \$ _____	Other \$ _____
First Name _____	Last Name _____	Age _____	<input type="checkbox"/> No Income
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____	SSI/SSD \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Child Support \$ _____	Other \$ _____

If there are additional members in your household, please list their name, age and income sources on a separate sheet of paper.

4. Premise Information - all fields required for free weatherization	5. Monthly Expenses
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Type of Structure Apartment Row Home Single
 Mobile Home Townhouse

Year Home was Built _____ I don't know

Electric Water Heater Yes No

If you rent, provide the following:

Landlord Name _____

Landlord Address _____

Landlord Phone () _____

Landlord Email _____

Mortgage or Rent \$ _____

Section 8 / Subsidized Yes No

Water / Sewer \$ _____

Food \$ _____

Basic Phone \$ _____

PPL Electric \$ _____

Only check the box if the expense is the primary heat source:

Gas - \$ _____ Coal - \$ _____

Oil - \$ _____ Wood - \$ _____

Propane - \$ _____

Electric Heat -

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6. Submit Your Application

1. Sign and date this application.
2. Mail application and **all items listed on envelope flap** in the enclosed self-addressed envelope.

I affirm that all information on this application is true and complete. I am aware that I can be penalized for making false statements.

Sign Here (in ink) _____

Date _____

Please fold to ensure the return address below is visible in envelope window

Mail to:

Tri County Community Action
Attention – OnTrack Program
1514 Derry Street
Harrisburg, PA 17104

Phone: 717-232-9757
Fax: 717-234-2227
Email: PPLONTRACK@cactricounty.org