



PPL Electric Payment Assistance Application

PPL Electric Utilities

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: <input type="checkbox"/> My U.S. Mailbox <input type="checkbox"/> My Email →	

3. Members in Household- Please list all household members, including yourself and all children. List all types of income for each person. If a member has no income, please check the box. You may submit the most recent 30 days' income or the full past 12 months' income; whichever best represents your household's true annual income. Example: If you do not work year-round, it may be beneficial to provide your income for the last 12 months. You can also complete your application online at ppllectric.com/ontrack.

Full Name _____	Age _____	<input type="checkbox"/> No Income
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Other \$ _____
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Other \$ _____
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Other \$ _____
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	Other \$ _____
Gross Salary \$ _____	Public Assistance \$ _____	Pension/SS \$ _____
Unemployment \$ _____	Worker's Comp/Disability \$ _____	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
Type of Structure <input type="checkbox"/> Apartment <input type="checkbox"/> Row Home <input type="checkbox"/> Single <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse Year Home was Built _____ <input type="checkbox"/> I don't know Electric Water Heater <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you rent, provide the following</i> Landlord Name _____ Landlord Address _____ Landlord Phone () _____ Landlord Email _____	<input type="checkbox"/> Mortgage or <input type="checkbox"/> Rent \$ _____ Section 8/Subsidized <input type="checkbox"/> Yes <input type="checkbox"/> No Water / Sewer \$ _____ Food \$ _____ Basic Phone \$ _____ PPL Electric \$ _____ <i>Only check the box if the expense is the primary heat source:</i> Gas - <input type="checkbox"/> \$ _____ Coal - <input type="checkbox"/> \$ _____ Oil - <input type="checkbox"/> \$ _____ Wood - <input type="checkbox"/> \$ _____ Propane - <input type="checkbox"/> \$ _____ Electric Heat - <input type="checkbox"/> \$ _____

6. Review the terms of the OnTrack Program

As a participant in PPL Electric Utilities' OnTrack Program, I agree to the Program conditions as listed below. Failure to agree or follow through on any of the accepted conditions may result in removal from the Program. If you currently have an electric supplier, you will be required to cancel your contract with the supplier to qualify for OnTrack.

- Provide my household gross income at time of submitting my OnTrack application and recertify this information at least once yearly, unless I receive an energy assistance grant which is posted to PPL Electric.
- Notify PPL Electric immediately of any changes to my household size or income.
- If eligible, apply for any free weatherization service including PPL Electric's WRAP Program and my local county weatherization program.
- I confirm that the facts set forth in my OnTrack application are true and complete to the best of my knowledge. I also hereby authorize PPL Electric to further verify my household income, as it deems appropriate. I understand, agree, and accept that false or knowingly incomplete statements on my OnTrack application will be cause for rejecting my application or removal from the Program.

7. Security deposit refund consent request

Once we confirm you are income-eligible, if you have paid some or all of a security deposit billed to your account, you may choose to have it refunded to you or apply it to your account balance.

If you apply the deposit to your balance, it will not change the way we calculate your monthly OnTrack payment (if you are approved). Your decision does not affect your eligibility for our assistance programs.

Apply amount paid to balance

Refund amount paid by check

8. 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 St.
Harrisburg, PA 17104

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