

PG&E REACH Clients,

Please complete the **REACH Application** and the appropriate **Income Form(s)** that apply to your household.

Items that must be included with your application are:

- Proof of income for last 30 days for anyone living in the residence (Copies must be clear and legible)
- Copy of the most recent PG&E Bill (Copies must be clear and legible)

Types of income include:

- Employment
- Unemployment
- Interest
- Pension
- Veterans Benefits
- SSI/SSD
- Child Support
- Social Security
- Public Assistance (Cash-Aid)
- Other (Self-Employed or Cash income requires “Other Income” Form to be completed)

Please complete all applicable forms prior to email submission or drop off. If you have any questions while completing the application or any other forms, please call us at 661-834-1820 or stop by our office at 1707 Eye Street, Floor 3 Bakersfield, CA 93301



REACH PROGRAM APPLICATION

1. Complete the following information for each household member. List all household members. Indicate Ethnicity with one of the following number codes: 1) African American 2) Native American 3) Asian 4) Caucasian 5) Chose not to answer 6) Hispanic 7) Other

Last Name, First Name	Income (Enter gross \$ amount)	Source of Income (see below)	Age	Ethnicity	Gender M/F	Disabled Y/N	Citizen Y/N	Veteran Y/N

If you need additional space, attach another sheet.

EM	Employment	VB	Veteran's Benefits	UE	Unemployment	O	Other:
PN	Pension	SSI	SSI/SSD	SS	Social Security		
IN	Interest	CS	Child Support	PA	Public Assistance		

2. Print the service address.

Address _____

City, State, Zip Code _____

Phone Number _____ Can this number receive text messages? _____ County _____

Email Address _____ 4 Digit PIN Number _____

3. Do you agree to be notified of your grant decision by:

Text Message Email

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

Address _____

City, State, Zip Code _____

What is your housing status? Own Rent Other Public Housing Section 8

5. Enter the PG&E account information:

Enter the 11-digit PG&E account number:

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Total Account Balance:

Service Status: Off Termination Past-due

Termination Date:

6. Agency Information:

Intake Worker (please print)

Date

PLEASE READ ALL OF THE FOLLOWING CAREFULLY:

To the best of my knowledge, all information on this application is true and complete. I understand and accept that false or incomplete statements will result in immediate rejection. I permit Dollar Energy Fund to review my utility account with the utility company. I understand that this application does not guarantee I will receive a grant, nor does it guarantee that any particular amount of grant will be received. This application was signed by the applicant and proof of the amount of household income received in the past 30 days is attached.

Applicant Signature



OTHER INCOME FORM

This form is to be completed for clients who claim to receive income from sources which cannot produce income documentation from the employer or payee. Do not use this form if the client or their employer can produce pay stubs or a payroll printout.

Rate Payer Name _____

Utility Company Name _____

Account Number _____

Source of income _____

Pay rate _____

Frequency of payments _____

Is this a temporary source of income? _____

How long have you been receiving this source of income? _____

I understand that I can be penalized for making false statements and do reaffirm that all claims here are complete and truthful to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

Agency Representative: _____ **Date:** _____

Please note, if client refuses to sign this form, please indicate this at the Applicant's Signature line.



ZERO INCOME FORM

May be completed and signed by the applicant whose entire household has had no income for the past 30 days.

I, _____, state that no member of my
Your name
household has received any source of income during the past 30 days.

Our household has been without income since _____.
Date

I hope and expect to receive some income on or about _____
Date

from _____.
List source of expected income.

During the above period, how did your household meet their needs for:

Food: _____

Shelter: _____

Living Expenses: _____

I understand that I can be denied a Dollar Energy Fund grant for making false statements and do reaffirm that all claims here are complete and truthful to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

Agency Representative: _____ **Date:** _____

Utility Company Name: _____

Account Number: _____



REACH Client Agreement

Client Name _____

Date _____

By signing below, I certify that the above-named client is financially unable to pay their PG&E energy bill, that they have exhausted all other sources of help with the bill, and that the information on the application is true and complete to the best of their knowledge. They have not received assistance from the REACH program in the last 12 months.

They authorize Dollar Energy Fund to release the information contained on this application to their utility vendor. Their utility vendor is authorized to release billing information about their account to Dollar Energy Fund.

This application is subject to verification of information and final approval by REACH administration. They understand that this application does not guarantee a grant, nor does it guarantee that any particular amount of grant will be received. All documentation to process the application has been submitted by my agency.

Intake Worker Signature _____

Organization Name _____