

## **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)
- 15-Day or 48-Hour Notice (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)

If you have any questions while completing the application or any other forms, please call us at 661-834-1820. Applications available at [www.uwkern.org/reach](http://www.uwkern.org/reach) or pick up an application at our address 1707 Eye St 3rd Floor, 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:**

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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.

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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

Comments \_\_\_\_\_

By signing below, I certify that I am financially unable to pay my energy bill, that I have exhausted all other sources of help with the bill and that the above information is true and correct to the best of my knowledge. I have not received assistance from the REACH program in the last 12 months, I authorize Dollar Energy Fund to release the information contained on this application to my utility vendor. My utility vendor is authorized to release billing information about my account to Dollar Energy Fund. This application is subject to verification of information and final approval by REACH Administration, 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. All documents to process my application has been attached.

I understand that by enrolling in the REACH program and depending on my eligibility, I will also be enrolled in the California Alternative Rates for Energy (CARE) program.

Applicants Signature \_\_\_\_\_

Application Date \_\_\_\_\_