

PECO Universal Services - Customer Assistance Program (CAP) Application

INSTRUCTIONS: Please complete the application below. Attach proof of total gross income (before taxes) for each household member including yourself, and sign your name at the X.

PLEASE COMPLETE ALL INFORMATION IN ORDER FOR THIS APPLICATION TO BE PROCESSED. *(Please Print Clearly)*

1. Enter your account number, home phone number, name, address, and cell phone number
2. Enter the name of all members of your household including yourself
3. Attach proof of gross household income for all members in your household including yourself

There are four (4) ways to complete and submit your CAP application:

1. **Mail** the completed application along with the required proof of income to:
PECO CAP, P.O. Box 570, Jackson, MI 49204-9806
2. **Fax** information to 1-866-362-8906 (Toll Free) (Note: you must include account number and name on every page)
3. **On-line** at PECO.com/help - click "CAP" and then click "Apply"
4. E-mail - PECOCAP@exeloncorp.com

You can receive CAP application updates via text message by checking the text message "check box" next to cell phone number below. Otherwise, you will be notified by mail.

ACCOUNT NUMBER	Home Phone	
NAME Last	First	Middle Initial
ADDRESS	Apt. Number	
City	State	Zip Code
Cell Phone	<input type="checkbox"/> Check here to receive a status update via text message. Message & data rates may apply.	

See back of this application for acceptable sources of income

List all the people who live with you, starting with yourself. Include all adults and children. Attach proof of all income for all household members including you. Attach additional sheet, if needed.

Name (Last, First, M.I.)	*Social Security # or ITIN #	Birth Date	Relationship	Source of Income <i>See back for sources</i>
			SELF	

My signature on this CAP application gives my permission to PECO or its authorized agent to: (a) check any information I give about where I live, my jobs, income, resources, and energy supplier for me or any member of my household; (b) find out about the costs of my shelter, and heating use; (c) complete any survey or reporting to a governmental agency that it may be requested to do by that agency; (d) obtain a consumer credit report on me or any member of my household and; (e) obtain a copy of the federal income tax return for me or any member of my household. I authorize the release of limited information to approved agencies which provide other energy/weatherization assistance for which I may be eligible. I certify that the information I gave is true, correct and complete to the best of my knowledge. I understand that if I give false information, I can be denied or removed from CAP and subject to repay any CAP benefits received to date. You must sign this application to receive the CAP fixed credit benefit.

DO NOT SEND BILL PAYMENT WITH THIS APPLICATION.

X _____
Applicant's Signature

**Social Security number or ITIN is optional*



**** CAP Acceptable Proof of Income Documents – Last 30 Days of Gross Income ****

**** Please send copies only ****

Type of Income	Acceptable Proof of Income
Employment	<ul style="list-style-type: none"> • Pay Stubs - Last 30 days of Gross Income • Employer Verification Letter on Company Letterhead
Unemployment	<ul style="list-style-type: none"> • Unemployment Award Letter
Pension	<ul style="list-style-type: none"> • Monthly Check • Monthly Bank Statement showing direct deposit • Pension Award Letter
Workmen’s Compensation	<ul style="list-style-type: none"> • Workmen’s Compensation Checks – Last 30 Days • Workmen’s Compensation Award Letter • Monthly Bank Statement showing Workmen’s Compensation deposits
Veteran’s Benefit	<ul style="list-style-type: none"> • Veteran’s Benefit Award Letter • Veteran’s Benefit Check – Last 30 Days • Monthly Bank Statement showing Veteran’s Benefit Showing Direct Deposit
Department of Public Welfare (DPW)	<ul style="list-style-type: none"> • DPW Award Letter for Cash Benefits Only • COMPASS Account Detail Print Out
Child Support	<ul style="list-style-type: none"> • Child Support Court Order • Domestic Relations “Financial Obligation” Form from Court • Letter from person providing voluntary Child Support that is not Court Ordered (include amount paid and frequency)
Spousal Support	<ul style="list-style-type: none"> • Alimony Monthly Check • Monthly Bank Statement • Alimony Court Order
Social Security <i>(SSI, SSD, Survivor Benefits, etc.)</i>	<ul style="list-style-type: none"> • Social Security Award Letter for Current Year • SSI Award Letter • SS Disability Award Letter • Survivor Benefit Award Letter
Rental Income	<ul style="list-style-type: none"> • Rental Lease • Cancelled Rental Checks • Rental Receipt
Self Employed	<ul style="list-style-type: none"> • 1040 Form
No Income	<ul style="list-style-type: none"> • Unemployment Denial Letter • Workmen’s Compensation Exhaustion of Benefit or Denial Letter • Veteran’s Benefit Denial Letter • DPW Benefit STOP Notice • Social Security Benefits Denial Letter • Form letter proclaiming no income – Go to www.PECO.com/help or Call 1-800-774-7040 for the PECO CAP No-Income Form • Letter From Person (<i>i.e. Family Member</i>) who helps you pay your bills

If you need help with your application, please call 1-800-774-7040