

WARM Program Application

WARM Program

Customer Name: <small>(on your electric bill)</small>	Day Phone:
Account Number: <small>(on your electric bill)</small>	Evening Phone:
Address:	
City / State / ZIP:	

<input type="checkbox"/> Gas Utility Referral I am interested in hearing more about weatherization assistance through my Gas Utility. I request that FirstEnergy provide my name, address, phone number and Gas account number for possible follow up. Company Name: _____ <small>(on your gas bill)</small> Customer Name: _____ <small>(on your gas bill)</small> Account Number: _____ <small>(on your gas bill)</small>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2" style="text-align: left;">WARM Eligibility Guidelines</th> </tr> <tr> <th style="width: 50%;">Your Household Size</th> <th style="width: 50%;">Maximum Yearly Household Income Before Taxes</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$27,180</td></tr> <tr><td>2</td><td>\$36,620</td></tr> <tr><td>3</td><td>\$46,060</td></tr> <tr><td>4</td><td>\$55,500</td></tr> <tr><td>5</td><td>\$64,940</td></tr> <tr><td>6</td><td>\$74,380</td></tr> <tr><td>7</td><td>\$83,820</td></tr> <tr><td>8</td><td>\$93,260</td></tr> <tr><td colspan="2"><i>(For each additional person, add \$9,440)</i></td></tr> </tbody> </table>	WARM Eligibility Guidelines		Your Household Size	Maximum Yearly Household Income Before Taxes	1	\$27,180	2	\$36,620	3	\$46,060	4	\$55,500	5	\$64,940	6	\$74,380	7	\$83,820	8	\$93,260	<i>(For each additional person, add \$9,440)</i>	
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If you are interested in hearing more about Pennsylvania's Weatherization Assistance Program (WAP), please contact the Pennsylvania Department of Community and Economic Development (DCED) at 1-866-466-3972.

I certify that the total number of people in the household is _____

I certify that the total household income for the last 12 months was \$ _____

Do you rent or own your home? Rent Own

Electric Heat? Yes No

Electric Hot Water Heater? Yes No

Who owns the refrigerator? Tenant Owner

Who owns the freezer? Tenant Owner

Landlord's Name: _____

Landlord's Phone: _____

Landlord's Address: _____

INTERNAL USE ONLY

As a participant in the WARM program, I give you permission to do the following 1) share my household records with all parties planning to do work on my home or evaluating how much energy is being saved by that work 2) use, at no charge, any description or pictures relating to the work performed at my home and 3) have reasonable access to my home to inspect the work performed by the weatherization contractor.

Customer Signature **Date**

For questions about WARM, call us at 1-888-406-8074. Return completed form via one of the options below:

Mail:
 FirstEnergy Corp.
 Attn: Human Services
 2800 Pottsville Pike
 P.O. Box 16001
 Reading, PA 19612-9977

Fax:
 Please fax all items individually to
 1-800-589-8265. A coversheet is not required.
 Por favor llame al 1-888-406-8074 para recibir
 esta solicitud en español.

Email:
 Email the application to
pawarm@firstenergycorp.com