



Arkansas Energy Network

Application and Disclaimer

Fax to 501-537-1193

Attn: Rosalie Stewart

Client Name _____ Process Number _____

Please read all of the following carefully:

- ⇒ I understand that the acceptance of this application does not guarantee approval for a grant, nor does it guarantee that any particular amount of grant will be received.
- ⇒ I understand that the final decision (approval) of this application is made by Arkansas Energy Network (AEN).
- ⇒ I understand that the intake worker at this agency is not authorized to make any decision on this application.
- ⇒ I understand that if my application is not approved, and I do not take steps to meet the program requirements as outlined in the notification letter, I will be responsible for the entire bill. If your application is denied, you will be notified via mail of the decision in 2 to 5 days. If you do not receive notification at that time, please contact the agency where you applied.
- ⇒ I understand that participation in this program is limited to one time per calendar year, regardless of the amount of grant I may receive.

This application will be accepted for review by AEN only if all items have been completed. Electronic submission of this form by an agent implies that I agree to all terms and conditions set by AEN and that I have provided proof of the amount of household income received in the past 30 days.

Agreement: To the best of my knowledge, all information provided for this application is true and complete. I understand and accept that **false or incomplete statements will result in immediate rejection**. AEN has my permission to review my utility account with the utility company.

Applicant's Signature _____ Date _____

Intake Worker Signature _____ Date _____

For Arkansas Energy Network use only:

DATE: _____

Approved \$ _____

Denied:

Reconsidered:

Deposit Due \$ _____

Final Account

Receipt # _____

Add'l Payment Due \$ _____

Over Income

Amount _____

Name not on Account

Other

1. Please print clearly the name, social security number, date of birth and ethnicity (race) for you and others in your household. The rate payer (person named on the account) should be listed first.

If there are more than 4 people living in your home, please attach a separate sheet with their information.				Rate Payer	Head of Household	Race	Gender	Disabled?
First Name	Last Name	Social Security #	Date of Birth					

2. Please print your address here

Street or PO Box		Apartment		
E-Mail Address	Phone with area code	County	Own/Rent	

3. Please check your primary source of income and the total monthly income from all sources.

<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other	Total Monthly Income:
<input type="checkbox"/> Pension	<input type="checkbox"/> SSI/SSD	<input type="checkbox"/> Social Security	
<input type="checkbox"/> Interest	<input type="checkbox"/> Child Support	<input type="checkbox"/> Public Assistance	
<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Alimony	<input type="checkbox"/> No Income	

4. List the amount you spend each month for each item. Use whole dollars only:

Rent or Mortgage		Property Tax		Groceries	
Water/Sewer		Garbage		Heat (Gas or Other)	
Electric		Phone or Cell		Cable/Internet	
Child Care		Credit/Loans		Car Payment	
Insurance		Medical Insurance		Other	

5. LIHEAP & CRISIS: If these programs are open and you qualify, you MUST apply there first and fill in below.

Date	Utility Company Name

6. Utility Information

Utility Name	Account Number	Balance Due

Due Date _____ Disconnect Notice? Yes No Service off? Yes No