



United Way of Southern Nevada

# PROJECT REACH - ENERGY ASSISTANCE PROGRAM APPLICATION



<b>Name:</b> _____		
<b>Nevada Power Account Number:</b> _____		
<b>Social Security Number:</b> _____	<b>NV Driver License or NV State ID:</b> _____	<b>Phone:</b> _____
<b>Date of Birth:</b> _____	<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Monthly Expenses:</b>		<b>Amount Requested:</b>
<b>Mortgage/Rent:</b> _____	<b>Medical:</b> _____	<b>Amount \$</b> _____
<b>Other:</b> _____	<b>Pharmacy:</b> _____	<b>Bill Attached:</b> _____
<b>Total # of Persons in Home:</b> _____	<b>Name(s) and age(s) of relative(s) residing with you:</b> _____	
<b>Including self, is anyone in household:</b>		
<input type="checkbox"/> age 62 or over <input type="checkbox"/> medically fragile* <input type="checkbox"/> other: _____		
*Requires acceptance into the Nevada Power Green Cross program. Green Cross application required: _____		
<b>Type of Dwelling: (check only one)</b>		
H=House ( )    M=Mobile Home( )    S=Studio( )    A=Apartment ( )    O=Other ( )		
<b>Own or Rent (circle)</b>	<b>Would you be interested in weatherization or conservation information</b>	
	Yes _____ No _____	
<b>List Income:</b>		
<b>Social Security:</b> _____	<b>Retirement:</b> _____	<b>Employment:</b> _____
<b>Other:</b> _____		
<b>This box to be used to document special circumstances:</b>		

I certify that the applicant qualifies for assistance based on income guidelines, household and medical expenses and/or documented need. The applicant has been informed that this assistance is available one time in a 12-month period.

**Applicant Signature:** \_\_\_\_\_

**Agency Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_