

Application for WarmHeart Assistance

PUD No. 2 of Pacific County
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Raymond, WA 98577
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A partner program of
PUD No. 2 of Pacific County
& Crisis Support Network



Crisis Support Network
1-800-435-7276

PO Box 311
Raymond, WA 98577
(360)875-6702

Long Beach, WA 98631
(360)642-0095

info@crisis-support.org

Project Warm Heart is a fund created by PUD customer donations and distributed by Crisis Support Network for eligible customers who need help with electric bills. WarmHeart recipients are only allowed to receive assistance from this program one time per year. The WarmHeart payment will guarantee 30 days of service, up to the maximum amount of \$300. This program may also be used for assistance paying the deposit for an electric account.

Eligibility Requirements:

1. You must be a customer of the PUD with an active account in your name.
2. The account must be past due or in danger of disconnection.
 - CSN will contact the PUD to verify the account status.
3. You must provide proof of all sources of income. Examples include pay stubs, DSHS letters of determination, etc.
 - Total income for the household must be 150% or less of the federal poverty level.
4. A signed & dated letter or document providing adequate reason for assistance is required.
5. Adult household may only be assisted by the WarmHeart Program one time in a twelve-month period.
6. All required documentation must be provided to Crisis Support Network to determine eligibility.
7. Original signatures are required on this application.
8. If the amount due to ensure 30 days of service is above the \$300 maximum, the customer is required to pay the balance prior to WarmHeart funds being released to the PUD.
9. If the funds are used toward a customer's deposit the customer must agree in writing that the deposit will be refunded to the WarmHeart Program at the time of account closure.

It is the policy of Crisis Support Network (CSN) that no person who otherwise meets eligibility requirements shall be subjected to discrimination in the delivery of service by this agency because of race, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, ethnicity, income, veteran status, marital status, or any other basis prohibited by federal, state or local law.



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Required Documentation

Eligibility will not be determined until ALL required documentation has been provided to Crisis Support Network.

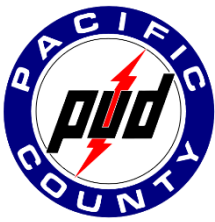
<u>Requirement</u>	<u>Source</u>
PUD account name & account number	Any PUD Bill or PUD Disconnect Notice
PUD account status and amount due	Most Recent PUD Bill or PUD Disconnect Notice
Complete list of ALL household members	Use Attached Form
Total monthly household income for ALL members of household	Pay Stubs DSHS Letter of Determination Food Stamps, Child Support and all other documentation
Documentation of adequate reason why you are unable to pay	Use Attached Form with any additional documentation
Completed & signed Memorandum of Agreement for WarmHeart Program	Use Attached Form

Any missing documents will delay this process.

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly provide false information which results in assistance for which I am not eligible. I hereby authorize the assisting agency to release only such information as may be required to deliver the requested assistance and to contact any or all people or agencies named in this application for the purposes of verification of the information I have provided herein.

Applicant Signature

Date



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Memorandum of Agreement for WarmHeart Program

Applicant:

_____	_____
Name	PUD Account Number
_____	_____
Mailing Address	Account Service Address
_____	_____
City, State & Zip Code	City, State & Zip Code
_____	Deposit: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number	_____ Amount

CSN Staff Use Only			
Account Status Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Amount Due on Account to ensure 30 days of service: \$ _____	_____	Staff Initials	Date
Payable by Applicant: \$ _____	_____	Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Amount payable by WarmHeart: \$ _____	_____	Staff Initials	Date

Based on this agreement when signed below by applicant and CSN staff, CSN will pay the WarmHeart Program amount to the PUD on behalf of the applicant, contingent on CSN having received ALL the necessary information required. Completed information must meet contract criteria in order to be approved. The above-named applicant agrees if the WarmHeart Program is paying for electric service deposits, those deposits will be refunded to the WarmHeart Program when the account is closed.

Applicant may contact CSN at 1-800-435-7276 for the status of this application.

Signed: _____ Date _____
 (Applicant)

Signed: _____ Date _____
 (CSN Staff)