

Please describe and list monthly expenses: RENT/MORTGAGE \_\_\_\_\_ UTILITIES \_\_\_\_\_ FOOD \_\_\_\_\_  
 TAXES(HOME) \_\_\_\_\_ PHONE \_\_\_\_\_ MEDICAL \_\_\_\_\_ CAR \_\_\_\_\_  
 CABLE \_\_\_\_\_ TRANSPORTATION \_\_\_\_\_ CHILD CARE \_\_\_\_\_ OTHER \_\_\_\_\_

Please describe the circumstances that led up to your need to apply for Energy Share: \_\_\_\_\_  
 \_\_\_\_\_  
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I agree to release Energy Share or its agents any records needed to verify my status. I understand that the decision of this Local Policy committee is final and may not be appealed to the state Board of Directors. I understand failure to complete all spaces on this form and to provide any additional information requested on the attached pages may delay my application and/or result in denial. I understand by signing below that I authorize this agency to enter the information on this application in the Central Database System. Only this agency and its funding sources access this information.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

<p>Dates: Received: _____ Decision _____ Notified _____          Amt.\$ _____ Vendor: _____ Acct.# _____          Approved _____ Denied _____ Why _____          Sign Off: _____          Match required? Y N \$ _____ To: _____          Date Due ___ / ___ / ___ Vendor notified _____          Client notified _____          Notes _____</p>	<p>Award Style: Grant Loan Match/Grant Match/loan Date Entered CDS _____          Income Status: Under 50% 50-125% 125-150% over 150% _____ # mos.          Total household Income: \$ _____ Annualized Actual          USB over 150% Justification: _____          Funding source: FF _____ USB (which company) _____          Other unrepaid ES awards: _____          Notes: _____          _____</p>
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