



CHARLOTTESVILLE GAS ENERGY EFFICIENCY PROGRAM (CGEEP) APPLICATION

Section 1.

Applicant: _____ Date of Birth: _____ SSN: _____

Telephone: _____ Email: _____

Spouse: _____ Date of Birth: _____ SSN: _____

Telephone: _____ Email: _____

Address: _____

Mailing Address (if different): _____

Gas Account Number: _____

Section 2.

Please indicate with a check mark if you currently receive assistance from one or more of the following programs. If you are a City Resident, your information from Section 1 will be used to verify your eligibility. If you are a County Resident, please provide copies of supporting documents showing your participation in these programs. Recipients of these programs do not need to complete Section 3, and can proceed to Section 4. If you are not a recipient of any of these programs, please complete Section 3 before completing Section 4.

State Fuel Assistance Rent Relief Tax Relief

I _____ authorize the Department of Utilities to verify that I receive assistance from one of the above programs.

Section 3.

The applicant's combined total household income for last year from all sources must be at or below:

QUALIFYING INCOME LEVELS AT OR BELOW:

Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6
\$52,500	\$60,000	\$67,500	\$74,950	\$80,950	\$86,950

QUALIFYING INCOME LEVELS IF THE ACCOUNT HOLDER IS 60 OR OLDER

Family of 1	Family of 2
\$78,750	\$90,000

List the name, relation, age and social security number of all relatives who occupy the residence.

Name	Relationship to Applicant	Age	Social Security Number

Please complete the gross income statement based on financial information from the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant, spouse and all relatives living in the residence. Provide copies of supporting documents such as W2s, 1099s, or last year's Federal income tax return.

GROSS INCOME	Applicant	Spouse	Other Relatives in Residence
Salary / Wages			
Pensions / Retirement Income			
Social Security			
Interest / Dividends			
Rents Received			
Capital Gains / Property in Trust			
Unemployment / Other Sources			
Total			

Section 4.

Note: Any person or persons falsely requesting assistance shall be found guilty of a Class 1 misdemeanor and upon conviction thereof shall be punished as provided in Section 1-11 of the City Code.

I hereby certify, under penalties provided by law that the information presented on this application for the Charlottesville Gas Energy Efficiency Program, including any accompanying schedules or statements, is to the best of my knowledge complete and accurate.

Applicant(s) Signature

Date

Please return this application to:

Charlottesville Department of Utilities

305 4th St. NW

Charlottesville, VA 22903

Attn: Ryan Willis

*This application can either be mailed or returned in-person. For assistance in completing this application, or for assistance in returning it to the Department of Utilities, please call Ryan Willis at 434-970-3686.

Office use only:	
Application Date:	Audited By:
Posted Date:	Posted By: