



**LOW INCOME ASSISTANCE PROGRAM
APPLICATION FORM**

CAP Client #: _____ Customer #: _____

Customer Name: _____

Mailing Address: _____

Telephone: (Day) _____ (Night) _____

Total # of people in household: _____

Number over 60 years of age: _____ Under 24 months: _____

Total annual HOUSEHOLD income: \$ _____

I give permission for Versant Power and the Community Action Agency to exchange all necessary information in evaluating and processing my application for the Low Income Assistance Program.

Applicant's signature: _____ Date: _____

Percentage of Federal Poverty Guidelines						
25%	50%	75%	100%	125%	150%	170%
L1	L1	L1	L2	L3	L4	L4

I certify that the above customer has been found eligible to participate in the Versant Power Low Income Assistance Program. (Please circle the appropriate percentage rate)

Agency Representative: _____ Date: _____