



PO Box 70, Indiana, PA 15701  
724-349-4800 Fax: 724-349-7151

## APPLICATION FOR AID FROM THE MEMBERS SHARING WITH MEMBERS PROGRAM

The aim of the Members Sharing with Members Program is to give financial assistance to Cooperative Members who might be faced with unexpected loss of income, illness, family emergencies, or other problems which limit their ability to pay their electric bill.

Applicants must meet the following requirements to be eligible for assistance:

1. Must recently be faced with unexpected loss of income, illness, family emergency, or other problems which limit their ability to pay their electric bill.
2. Must have made three (3) payments on their account, themselves, in the past six (6) months prior to their application for assistance.

**Reminder:** You must continue to provide payments while your application is being processed. You will be notified of the status of your application by mail and if approved, a credit will appear on your account. You can only receive assistance once in a 12-month period.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Members of Household

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of onset of condition making it difficult to pay bill:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for requesting aid (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature