

**APPLICATION FOR ASSISTANCE**

The aim of the Assistance 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.
3. All money matched must be received in our office or verified by outside agencies prior to funds being credited to an account.
4. Filled out and signed Assistance Form must be received in the office. Forms can be either mailed to P.O. Box 70, Indiana, PA 15701 or e-mailed to [memberservice@reaenergy.com](mailto:memberservice@reaenergy.com).

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

*REA Energy is an Equal Opportunity Provider and Employer.*