

Screening Agency:

Intake Worker:

Phone Number:



An EDISON INTERNATIONAL® Company



CREATING PATHWAYS OUT OF POVERTY

ELECTRIC ASSISTANCE FUND (EAF) APPLICATION

1. Complete the following information for each household member. List all household members. Indicate Customer of Record and Head of Household with a check mark. Indicate Ethnicity with one of the following number codes:

1)African American 2)American Indian 3)Asian 4)Caucasian 5)Chose not to answer 6)Hispanic 7)Other

Last Name, First Name	D.O.B.	Customer of Record	Head of Household	Authorized Individual	Ethnicity	Check if Disabled	Gender

If you need additional space, attach another sheet.

2. Print the service address.

Address

City, State, Zip Code

Phone Number

County

3. Print the mailing address, if different from the service address.

Address

City, State, Zip Code

What is your housing status? Own Rent Other

4. Choose the primary income source and list the total gross monthly income for all sources of income.

Employment	Veteran's Benefits	Unemployment	Other: No Income: <i>(Must complete affidavit)</i>
Pension	SSI/SSD	Social Security	
Interest	Child Support	Public Assistance	

Total Gross Monthly Income:

