



DOING THE MOST GOOD®

## **Utility Assistance Application**

### **The Salvation Army Sheboygan**

Please be sure that you complete all forms, including answering all the questions about other agencies you contacted for assistance. This is very important in determining whether you qualify for assistance with The Salvation Army.

In order to qualify for utility assistance with The Salvation Army, you must fall under the following qualifications:

- Be a resident of Sheboygan County.
- Received a disconnection notice.
- Contacted the following agencies in your area for assistance.
  - Energy Services, Inc. (920-208-5946)
  - St. Vincent De Paul (920-457-4844 ext 101)
- Contacted the CA Plus Program through Alliant Energy (if the utility bill you are seeking help with is Alliant Energy) to discuss eligibility for financial assistance. (800-975-5785).
- Made a personal payment of \$30 or more within the last 60 days.
- Completed a Utility Assistance Application for The Salvation Army submitted to The Salvation Army so that the Social Service Director, Krysta Berger, can contact you if you qualify.

# FAMILY MONTHLY BUDGET

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

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

Last 4 numbers of S.S.#: \_\_\_\_\_

## Monthly Income

Wages (net income)	\$
SSI	\$
SSDI	\$
Child Support	\$
Alimony	\$
Food Stamps	\$
Other Income	\$
<b>Total Monthly Income</b>	<b>\$</b>

## Expenses

### Housing

Mortgage or Rent	\$
Second Mortgage	\$
Phone	\$
Electricity	\$
Heat/Gas	\$
Water/Sewer	\$
Cable	\$
Internet	\$
Other	\$
<b>Subtotals</b>	<b>\$</b>

### Transportation

Car Payment 1	\$
Car Payment 2	\$
Bus/Taxi Fare	\$
Fuel	\$
Car Repairs	\$
Other	\$
<b>Subtotals</b>	<b>\$</b>

### Insurance

Home	\$
Auto Insurance	\$
Life	\$
Other	\$
<b>Subtotals</b>	<b>\$</b>

### Food

Groceries	\$
Dining Out	\$
Other	\$
<b>Subtotals</b>	<b>\$</b>

### Children

Medical Bills	\$
Diapers	\$
Clothing	\$
School Supplies	\$
Lunch Money	\$
Child Care	\$
Other	\$
<b>Subtotals</b>	<b>\$</b>

### Personal

Medication	\$
Personal Hygiene	\$
Paper Products	\$
Laundry	\$
Cigarettes	\$
<b>Subtotals</b>	<b>\$</b>

## Totals

Housing Subtotal	\$
Transportation Subtotal	\$
Insurance Subtotal	\$
Food Subtotal	\$
Children Subtotal	\$
Personal Subtotal	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

Total Income		\$
Total Expenses	-	\$
Total Difference	=	\$

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

## Check List for Utility Assistance Application for The Salvation Army

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How many people live at this residence in total: \_\_\_\_\_

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

\_\_\_ I am a resident of Sheboygan County

\_\_\_ I received a disconnection notice and am requesting assistance for the following utility company:

- \_\_\_ Alliant Energy
- \_\_\_ Wisconsin Public Service
- \_\_\_ Sheboygan Falls Utilities
- \_\_\_ Plymouth Utilities
- \_\_\_ WE Energies

\_\_\_ I have attempted to get assistance from Energy Services, Inc.

Program Phone Number 920-208-5946

Date of call \_\_\_\_\_ Time of call \_\_\_\_\_

Person Contacted \_\_\_\_\_

Result \_\_\_\_\_

\_\_\_\_\_

\_\_\_ I have contacted St. Vincent De Paul for assistance

Phone Number 920-457-4844 ext 101

Date of call \_\_\_\_\_ Time of call \_\_\_\_\_

Person Contacted \_\_\_\_\_

Result \_\_\_\_\_

\_\_\_\_\_

\_\_\_ I have contacted the CA+ Program for Alliant Energy in an attempt to receive financial assistance.

Number 1-800-975-5785

Result \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continued)

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

\_\_\_ I have contacted the correct utility in an attempt to make payment arrangements

WPS 1-800-450-7260

Date \_\_\_\_\_ Results \_\_\_\_\_

Sheboygan Falls Utilities 920-467-7900

Date \_\_\_\_\_ Results \_\_\_\_\_

Plymouth Utilities 920-893-1471

Date \_\_\_\_\_ Results \_\_\_\_\_

WE Energies 1-800-842-4565

Date \_\_\_\_\_ Results \_\_\_\_\_

Alliant Energy 1-800-255-4268

Date \_\_\_\_\_ Results \_\_\_\_\_

\_\_\_ I have made personal payments in the amount of \$30 or more in the last 60 days in an attempt to avoid disconnection

\_\_\_ **If you have accomplished the above requirements**, please continue with signing the correct release form for the Utility that we are working with.

\_\_\_ Complete the attached budget and attach copies of the information to support the figures.

**Attach a copy of the disconnection notice.**

\_\_\_ **Attach a copy of the most recent utility bill for which you are requesting assistance. The bill must clearly display your name, service address, and account number.**

Return this packet with all necessary documents to The Salvation Army. Delivery by mail is preferred, however you may hand deliver Monday - Thursday 8:30am - 4:30pm (closed from noon to 1pm) or on Fridays 8:30am - 12pm.

*The Salvation Army  
710 Pennsylvania Ave.  
Sheboygan, WI 53081*

You will be contacted by a Salvation Army staff member with the results.

# Energy Assistance Center

## ENERGY ASSISTANCE CENTER/CA+ PROGRAM CUSTOMER AUTHORIZATION FOR ACCESS TO ACCOUNT INFORMATION

A Service of



CUSTOMER INFORMATION																						
Customer Name(s) (as it appears on the utility bill)																						
Wisconsin Power and Light Company Account Number(s)																						
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Customer Address																						
City	State	Zip																				

CUSTOMER AUTHORIZATION	
<p>I hereby authorize <u><i>The Salvation Army</i></u>  <small>(Agency Name)</small></p> <p>to obtain information from my energy supplier, Wisconsin Power and Light Company, about my account(s) including household energy use, payment history, and other relevant account information, and, in the event that I am deemed eligible for referral to the CA+ Program, to disclose such information to the CA+ Program staff at Energy Services, Inc.c or its successor, for the purpose of assisting with energy assistance services. I understand that I may terminate this agreement at any time by calling</p> <p>this agency at <u>(920) 458-3723</u>  <small>(Agency Phone Number)</small></p> <p>I understand that I may refuse to allow access to my account information, but such refusal may limit my Ability to obtain energy assistance services.</p>	
Customer Signature	Date

AGENCY NOTES