



## CHARLOTTESVILLE GAS ENERGY EFFICIENCY PROGRAM (CGEEP) APPLICATION

**Section 1.**

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Gas Account Number: \_\_\_\_\_

**Section 2.**

Please indicate with a check mark if you currently receive assistance from one or more of the following programs. If so, your information from Section 1 will be used to verify your eligibility, and you can proceed to Section 4. If you are not a current recipient of any of these programs, please complete Section 3 before completing Section 4.

**State Fuel Assistance** \_\_\_\_ **Rent Relief** \_\_\_\_ **Tax Relief** \_\_\_\_

**Section 3.**

Qualifying Income Levels for CGEEP must be at or below:

1 Person: \$30,203	2 People: \$39,203
3 People: \$48,789	4 People: \$58,082

\*Qualifying income levels double for households with at least one member 60 or older.

List the name, relation, age and social security number of all relatives who occupy the residence.

Name	Relationship to Applicant	Age	Social Security Number

Please complete the gross income statement based on financial information from the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant, spouse and all relatives living in the residence. Provide copies of supporting documents such as W2s, 1099s, or last year's Federal income tax return.

<b>GROSS INCOME</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Other Relatives in Residence</b>
Salary / Wages			
Pensions / Retirement Income			
Social Security			
Interest / Dividends			
Rents Received			
Capital Gains / Property in Trust			
Unemployment / Other Sources			
<b>Total</b>			

**Section 4.**

**Note:** Any person or persons falsely requesting assistance shall be found guilty of a Class 1 misdemeanor and upon conviction thereof shall be punished as provided in Section 1-11 of the City Code.

I hereby certify, under penalties provided by law that the information presented on this application for the Charlottesville Gas Energy Efficiency Program, including any accompanying schedules or statements, is to the best of my knowledge complete and accurate.

\_\_\_\_\_  
Applicant(s) Signature

**Please return this application to:**

**Charlottesville Department of Utilities**

**305 4<sup>th</sup> St. NW**

**Charlottesville, VA 22903**

**Attn: Ryan Willis**

\*This application can either be mailed or returned in-person. For assistance in completing this application, or for assistance in returning it to the Department of Utilities, please call Ryan Willis at 434-970-3686.

<b>Office use only:</b>	
Application Date:	Audited By:
Posted Date:	Posted By: