



PLUG INTO PIPP

WITH EAST AKRON NEIGHBORHOOD DEVELOPMENT CORP.

FREE ELECTRIC PARTNERSHIP PROGRAM

WHO: Stark or Summit County residents that meet qualifications below:

- Ohio Edison and American Electric Power customers with annual usage of at least 5000 KWH after heating and A/C is subtracted
- Electric bill and application in the name of someone living in the home.

Maximum Income Guidelines by Family Size

1 person	\$25,515	5 people	\$61,495
2 people	\$34,510	6 people	\$70,490
3 people	\$43,505	7 people	\$79,485
4 people	\$52,500	8 people	\$88,480
More than 8 people Add \$8,995 per member			

WHAT: **FREE PROGRAM** from the state of Ohio to help you to lower the electricity used in your home by providing energy efficiency measures and education

WHERE: At your home

HOW: Energy efficiency measures include:

- **FREE** LED bulbs
- **FREE** Brand-new Energy Star refrigerator and/or freezer
- **FREE** In-home energy audit to identify energy savers
- **FREE** Consumer education

WHEN: The process begins as soon as you send an application or call our office

EPP Applications online at:

Online: www.eandc.org/services/energy-audits Phone (330) 773-2095

Send application to:

Mail: EANDC/Energy Services 550 S. Arlington St. Akron, OH 44306

Email: stowns@eandc.org

Fax: 330-773-2108

For more information visit: www.ohioenergyoffice.ohio.gov



ENERGY APPLICATION

EANDC/Energy Services
 550 S. Arlington St.
 AKRON, OHIO 44306
 PHONE: 330-773-2095 FAX: 330-773-2108/stowns@eandc.org

Date Received:	_____
EPP	_____
CCP	_____
AEP CAP	_____

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

First Name	Int	Last Name	Your Social Security Number ____/____/____
Address			Apartment
City	State	Zip	Ohio County
Telephone Number (____) _____	Alternate Number (____) _____		Best time to call
Email Address			
What is your main source of heat? <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other			
Electric Provider: <input type="checkbox"/> Ohio Edison <input type="checkbox"/> AEP		Acct No:	
Please include copy of entire electric bill			

Racial/Ethnic Background: Black White Asian Hispanic Native American Other

Check the box that most closely describes the type of building you live in. **(Check only one)**

- Mobile Home Single Family Multi-family Low-Rise Multi Family High-Rise

Including yourself, how many people live in your household? _____

Household members (if more space is needed, list on back)

Name	Relationship	Social Security #	Date of Birth	Disabled
	Self			

What was total gross household income for last 12 months for all Household Members over the age of 18? \$ _____

(Please include income documentation for all Household Members over the age of 18)

Do you own or rent your home? Own/Buying Mobile Home Rent/Land Contract (fill out information below)

Landlord's Name/Organization	Telephone Number	
Address		
City	State	Zip

Customer Signature: _____ Date: _____

By signing I authorize the EANDC/Energy Services Office to contact my electric provider (AEP or OE) on my behalf to receive my electric account's monthly and annual usage totals.