



DOING THE MOST GOOD™



Washington Gas
A WGL Company



An Exelon Company

Washington Area Fuel Fund (WAFF) Pepco Extension Assistance Application

Name: _____ Social Security (last 4): XXX-XX- _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

- 1.) **Total Number of People in Household:** _____
 Number of people of in the household who are:
 - a.) Age 18 or under _____
 - b.) Age 19 – 60 years old _____
 - c.) Over 60 years old _____
 - d) List the ages of the minor children in the household _____
 - 2.) **Is anyone in the household a veteran?** Yes _____ No _____
 - 3.) **Total Household Income:** _____ (bi-weekly) _____ (monthly) _____ (annually)
 - 4.) **Pepco Assistance:**
Pepco Account Number: _____ **Total Amount Due:** _____
 - 5.) **Is the head of household currently employed?** Yes _____ No _____
 (If yes, please provide documentation to verify employment of the head of household.)
 - 6.) **How many household members over the age of 18 are employed?** _____
 (Please provide documentation to verify employment for all other employed household members.)
 - 7.) **Have you received assistance from WAFF funds since January 2017?** Yes _____ No _____
- Date of prior visit:** _____
- 8.) **Please explain your reason for needing assistance:** _____

All information provided in this application is true and correct to the best of my knowledge. I understand that “false statements of information” could render my application invalid for funding consideration. I also understand that completion of this application does not guarantee the granting of funds. Also, by my signature below, I authorize The Salvation Army to gather any necessary information from additional agencies, vendors, or individuals involved in my case in order to qualify me for these funds. This consent will expire one year from the date below unless I indicate the withdrawal of my consent in writing to The Salvation Army.

Signature: _____ **Date:** _____