



Income-Eligible Senior Energy Assistance Program Application

1-800-490-0025 ♦ www.lipower.org

\$200.00 Bill Credit for Income Eligible Residential Customers

PLEASE PRINT IN INK, SIGN AT THE BOTTOM OF THE PAGE AND RETURN THIS APPLICATION WITH YOUR SUPPORTING DOCUMENTATION TO ONE OF OUR CUSTOMER SERVICE CENTERS OR MAIL TO:

LIPA
ATTN: IE-SEAP
P.O. BOX 9083
MELVILLE, NY 11747

Last Name: _____ First Name: _____

Street Address: _____ Apartment #: _____

City: _____ NY ZIP: _____ Tel. #: _____

LIPA Customer ID or Account #: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Email address (optional): _____

--- Income Guidelines ---

HOUSEHOLD SIZE	MONTHLY INCOME LIMIT	YEARLY INCOME LIMIT
1	\$1,963	\$23,556
2	2,567	30,804
3	3,172	38,064
4	3,776	45,312
5	4,380	52,560
6	4,984	59,808
7	5,097	61,164
8	5,210	62,520

IN HOUSEHOLD: _____

MONTHLY INCOME: _____

YEARLY INCOME: _____

--- Eligibility Requirements ---

Please attach photocopies of the following items:

- LIPA utility bill in your name
- Proof of age (62 or older) - driver's license, ID card or other form of positive ID
- Proof of annual income - federal tax return, annual disability/social security statement or other proof of annual income

I certify that the above information is correct. I agree that LIPA can verify the information I am submitting.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY:	SCREENER:	PROCESS DATE:	INITIALS:
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