



Los Alamos Dept. of
Public Utilities
1000 Central, Suite 130
Los Alamos, NM 87544
505.662.8333 fax 505.662.8005
www.losalamosnm.us/utilities | 311@lacnm.us

ENERGY ASSISTANCE PROGRAM (EAP)
APPLICATION AND DECLARATION STATEMENT

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Social Security #: _____

Marital Status: S M D W Spouse's Name: _____

Spouse's Social Security #: _____

Spouse's Date of Birth: _____

Home Address: _____

Utility Account #: _____

Home Phone #: _____ Work Phone #: _____

Type of Residence: _____

Los Alamos County Resident Since: (date) _____

Family Member(s) Living in Household:

_____	_____
_____	_____
_____	_____

.....
If Adult Household members, whether related or not, share household expenses and/or contribute financially in any way to the applicant's income, please list amount.

<i>Name</i>	<i>Type of Shared Expense or Contribution</i>	<i>Amount</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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PERSONAL ASSETS	Yes/No	Value
Investments:	_____	_____
Stocks, Bonds, Notes:	_____	_____
Life Insurance:	_____	_____
Trust Fund:	_____	_____
Certificate of Deposit:	_____	_____
Real Estate:	_____	_____
Other Non-Monetary Assets:	_____	_____

SOURCES OF INCOME	Yes/No	Monthly Amount
Social Security:	_____	_____
Welfare:	_____	_____
Food Stamps:	_____	_____
V.A. Benefits or Insurance:	_____	_____
Military Allotment:	_____	_____
Pension or Retirement:	_____	_____
Educational Grants, Scholarships, and/or Loans:	_____	_____
Workmen's Compensation:	_____	_____
Unemployment Compensation:	_____	_____
Real Estate/Contract Payments:	_____	_____
Child Support:	_____	_____
Other Unearned Income:	_____	_____

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Do you have a Checking Account: Yes No \$ _____

Do you have a Savings Account: Yes No \$ _____

Name and Address of Financial Institution(s): _____

Do you own your home? Yes No Market Value \$ _____

Mortgage Balance: \$ _____

Describe all vehicles you own, their value, and balance owed:

Vehicle (Year, Make & Model)	Blue Book Value	Balance Owed
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT

Occupation: _____ Employer: _____

Salary: \$ _____ per Hour, Month, Year

Gross Annual Income (including all sources): _____

Net Annual Income (including all sources): _____

DEBTS AND EXPENSES

Monthly Expenses

- Rent or Mortgage Payment: \$ _____
- Auto Loan Payment: \$ _____
- Utilities: \$ _____
- Child Care: \$ _____
- Food: \$ _____
- Phone: \$ _____
- Gasoline: \$ _____

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INSURANCE	MONTHLY AMT.	BALANCE OWED
Automobile:	\$ _____	\$ _____
Life:	\$ _____	\$ _____
Medical:	\$ _____	\$ _____

CREDIT CARD(S) **SPECIFY EXPENSES	MONTHLY AMT.	BALANCE OWED
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____

MEDICAL EXPENSE(S) **SPECIFY EXPENSES	MONTHLY AMT.	BALANCE OWED
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____

OTHER EXPENSE(S) **SPECIFY EXPENSES	MONTHLY AMT.	BALANCE OWED
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____

Total Monthly Income (all sources): \$ _____

Total Monthly Expenses: \$ _____

Remaining Income after Monthly Expenses have been paid out: \$ _____

State extenuating circumstances which you feel would qualify you for assistance:

Attach copies of two most recent paycheck stubs and federal income tax returns; profit and loss statements (if owner of a business); and/or alternate source of income verification for past twelve months (if federal income tax returns are not available).

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I, _____, having been first duly sworn, depose and state:

I understand that all information given by me on this application is subject to investigation, and any false statement on this form made knowingly by me constitutes as fraud and would automatically disqualify me for further assistance.

I certify that I have read this application and the information contained is true to the best of my knowledge, and that I am without sufficient funds or source of income to solely pay for the utilities service provided to me by Los Alamos County and I do not foresee any future possibility of being able to solely pay for this service.

I hereby authorize the Utilities Board and/or its agents to request from any source, information or documentation regarding my assets, obligations or any other information which bears directly upon my eligibility for utilities assistance.

I understand that contributions to the Los Alamos County Energy Assistance Program are made voluntarily by community residents, and that the availability of funds for assistance depends entirely on the level of contributions. I acknowledge the fact that the County assumes no responsibility for outstanding debts, nor does the County guarantee any specific amount of financial assistance to me.

Dated this _____ day of _____, _____

Applicant

Witness