

SCE (EAF) - So Cal Edison / SoCalGas (GAF)

Utilities Assistance

(When funds are available and by Appointment Only)

Complete and most current Edison & So Cal Gas **"Original Bill"** with payment stub still attached. **Edison/SoCalGas does not pay "DEPOSITS" and not eligible if you within the past 12 months.** We will need proof of all income listed below for all members in the household 18 years or older and names of everyone in the residence. If anyone is 18+ years old and does not have any income then an affidavit form from the pantry must be filled out. **Please keep in mind that the person whose name is on the bill, MUST APPLY FOR ASSISTANCE IN PERSON and RESIDE (LIVE) IN THE RESIDENCE. The customer must live in the residence and Edison/SoCalGas does not pay when you move from the residence. NO EXCEPTIONS!!**

Proof of All Income Which Apply:

- Current Payroll Stubs for one month
- Passport to Services Form (This shows Cash Aid and Food Stamp NOA (Must be Current Year)
- Unemployment Check Stubs
- Award Letters - Income in Kind
- Social Security - Disability (Must be Current Year)
- Court Ordered Child/Spousal Support
- Retirement, Annuity, School Grants
- Sworn Statement of Cash Earnings (Affidavit Form get from the Community Pantry)
- **If you are in a mobile home park you must take a Submeter Form to your park management and have it filled out prior to your Edison/So Cal Gas Appt.**

Failure to provide required documents will result in denial of assistance. This appointment does not guarantee service. Edison may stop the program at any time!!

Pantry Family ID# _____ Appt. Date: _____ Appt. Time: _____

*****If you miss your scheduled appointment then you will be charged for a service and you will have to reschedule for a future appointment if and when available. You must bring this appt. slip completely filled out at time of appointment.***

Have you received any Edison/So Cal Gas assistance in the past 12 months? _____

Do you own or rent? _____ Is your residence all Electric? _____

Are you currently enrolled in the CARE Program? _____

Do you live in a Sub-Metered Mobile Home/MFG Home Park? _____ (If so, a separate form is required for the property owner/manager to fill out)

Email Address: _____

If you are not a current pantry client, please list all names and birthdates for all members living in the household!!

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Funds, approvals and program availability is controlled by Edison/So Cal Gas. The pantry does not know if or when you may get approved. All follow up must be with SCE or So Cal Gas !!