



HELP PARTICIPANT INTAKE FORM

Check the Appropriate Boxes

Age _____ Senior age 59 1/2 and above Disabled under 59 1/2

*** Must provide a Social Security/Disability Statement**

H.E.L.P.

City Water City Sewer Septic Tank Well/Reservoir

**Per HELP Policies & Guidelines, HELP does not provide service to Secondary/Backup Heat Sources*

Primary Heat Source _____ Secondary Heat Source _____

Power Company: _____ **OR** Gas Company: _____

Do you: Own your home Mortgage Rent **If RENT, 10+YR Lease Agreement/Life Estate REQUIRED**

Today's Date: _____ Community: _____

Date of Birth: _____ Phone #: _____

EBCI Enrollment # (**REQUIRED FOR SERVICES**): _____

Client Name: _____

Last First MI Nickname Maiden

Mailing Address: _____

PO BOX/Street City State Zip

911 Address: _____

Physical Address City State Zip

Please List two (2) emergency contacts (with one living outside your household)

Emergency Contact #1

Emergency Contact #2

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

List everyone living in your household:

Name Enrollment # Age Relationship

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification. I have provided documentation to support this application (ex: Social Security Disability Statement for clients under 59.5, EBCI Enrollment Card Copy). Failure to provide correct information could result in services being denied. I understand that by signing this form, I am also consenting to the Release of Information for verification purposes. **I understand that I must actively reside at said residence for three (3) years after receiving services/repairs; otherwise I am responsible for reimbursing the HELP Program for services received.**

Signature of Applicant: _____

Date: _____

Signature of HELP Rep: _____

Date: _____