



GWP COOL CARE

CUSTOMER INFORMATION

Name			
Address			
Account Number			
Daytime Contact	Name:		Phone:

PROGRAM GUIDELINES

Cool Care provides long-term electric bill savings for low-income customers by helping to replace their energy inefficient refrigerators with Energy Star® models.

The following eligibility requirements apply:

1. Must be a low-income GWP customer or low-income GWP customer landlord for at least 12 months.
2. Refrigerator to be replaced must be at least 10 years old, operable, and in regular use by a low-income GWP customer for primary food storage.
3. Low-income customer must agree to pay a \$100 co-payment toward the new refrigerator. Payment to be made in 12 equal installments on the customer's electric bill over 24 months.
4. Extended warranty is available for an additional fee. Customer must accept or decline extended warranty in writing at time of installation. Extended warranty payment can be made in 12 equal installments on electric bill over 24 months.
5. In all cases, the low-income status of the customer/tenant using the refrigerator for food storage must be documented in one or more of the following ways:
 - a. Enrollment in GWP Senior Care
 - b. Enrollment in Gas Company Care
 - c. Enrollment in Phone Company Universal Lifeline
 - d. Enrollment in Glendale Section 8 Housing Program
 - e. Proof of income at or below income eligibility guidelines (see below)
 - f. Other suitable documentation of low-income from a local community based organization

Current Income Eligibility Guidelines

Number of Household Members	Maximum Gross Annual Income
1-2	\$30,500
3	\$35,800
4	\$43,200
5	\$50,600

For each additional household member add \$7,400

MUST COMPLETE AND SIGN REVERSE

INCOME ELIGIBILITY CERTIFICATION

I certify that I am enrolled in:

- | | | | | |
|-----------------------------------------------------|--------------------------|-----|--------------------------|----|
| 1. GWP Senior Care, copy of bill attached: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Gas Company Care, copy of bill attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Phone Company Universal Lifeline, bill attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Glendale Section 8, proof of enrollment attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Other low-income program, proof attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

6. In the absence of any of the above, please complete the following:

I understand that the definition of "gross (before taxes) household income" is all money and noncash benefits available for living expenses, from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in my home. **Please check all sources of income:**

- | | |
|------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Social Security, SSI, SSP |
| <input type="checkbox"/> Interest or dividends | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Insurance Settlements |
| <input type="checkbox"/> Rental or Royalty Income | <input type="checkbox"/> Legal Settlements |
| <input type="checkbox"/> Disability Payments | <input type="checkbox"/> AFDC |
| <input type="checkbox"/> Profit from Self-Employment | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Cash Gifts, Grants, Aid |
| <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Sub. Housing/Section 8/HUD |
| <input type="checkbox"/> Food Stamps/CAPI | <input type="checkbox"/> Other Income |

7. The total number of adults living in my home, including myself, is:
8. The total number of persons living in my home is:
9. The total combined annual income for my home is: \$

I am applying for the Cool Care program. I understand the eligibility guidelines. The information provided in this application is true and correct. I understand that providing misinformation can result in disqualification for this and other PBC programs. I understand that if I am taking ownership of the refrigerator, I will be required to pay \$100 towards the purchase of the new refrigerator. I understand that if I elect to purchase an extended warranty at an additional cost I must apply for such in writing at time of installation. If I decide to purchase the extended warranty after installation, I must purchase it from ARCA and pay in full through ARCA. Should I fail to pay the full cost of the new refrigerator and/or extended warranty, I authorize GWP to collect such payments in equal installments on my electric bill over two years from the date of replacement.

CUSTOMER SIGNATURE

DATE