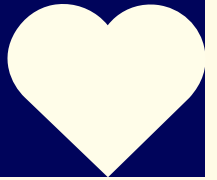


# Watts of Love Application



Name \_\_\_\_\_

Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

What type of assistance are you requesting?

- ☐ Bill Assistance      ☐ Energy Efficiency  
☐ I would like what is best based on my energy audit

Date \_\_\_\_\_

Current Account Balance \$ \_\_\_\_\_

Is this balance more than one month's bill?      ☐ no      ☐ yes; \_\_\_\_\_

Have you received any assistance? (SHARE, United Way, Blue Ridge donor money, etc.)

☐ no      ☐ yes; please specify \_\_\_\_\_

Are you a Veteran?      ☐ yes      ☐ no      Do you receive any veteran's benefits?      ☐ yes      ☐ no

Have you had an Energy Audit through Blue Ridge in the last 12 months?

☐ yes      ☐ no

Do you own or rent your home?      ☐ Own      ☐ Rent

If you own, please answer the following:

Do you have a smart thermostat?      ☐ yes      ☐ no

How old is your water heater? \_\_\_\_\_

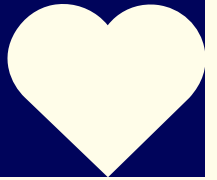
How old is your HVAC? \_\_\_\_\_

Is your house a mobile home or stick built?      ☐ mobile home      ☐ stick built

How many square feet is your home? \_\_\_\_\_

How old is the house? \_\_\_\_\_

# Watts of Love Application



What is your employment status?

☐ Full-Time    ☐ Part-Time    ☐ Retired    ☐ Unemployed

What is your monthly household income?    ☐ Under \$1,999    ☐ \$2,000 - 5,000    ☐ \$5,001+

Do you receive any alimony, child support, or government assistance?    ☐ yes    ☐ no

If yes, what is the monthly amount? \$\_\_\_\_\_

How many people live in the home?    \_\_\_\_\_ adults    \_\_\_\_\_ children (newborn to 17 years)

Is there anyone in the home who is disabled?    ☐ yes    ☐ no

Is there anyone in the home who is reliant on medical equipment that requires electricity?    ☐ no

☐ yes; please specify \_\_\_\_\_

Is this circumstantial or chronic?    ☐ circumstantial    ☐ chronic