

Please complete legibly & provide a copy of your photo ID & current electric bill.

Thank you.



Delmarva Power Customer Assistance Fund Application 2025

Applicant Information:

Name: _____ Social Security Last Four Digits: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Household Information:

Total Number of People in Household: _____
Of these, how many are: Age 18 or younger? _____
 Age 19-60? _____
 Over age 60? _____

List the ages of any children in the household: _____

Is anyone in the household a US military veteran? Yes No
Is the head of the household currently employed? Yes No *(If yes, provide documentation)*
How many household members over the age of 18 are employed? _____ *(provide documentation for each)*
Total household income: \$ _____ Biweekly Monthly Yearly
Does the house utilize electric for home heating? Yes No

Utility Information:

Name of utility company for which you are seeking assistance: _____
Account Number: _____ Total Amount Due: \$ _____
Did customer receive LIHEAP during the last program year? Yes No

All information provided in this application is true to the best of my knowledge. I understand that false statements could render my application invalid for funding consideration. I also understand that completion of this application does not guarantee the granting of funds. Also, by signing below, I am authorizing Delmarva Power. to gather any necessary information from additional agencies, vendors, or individuals involved in my case in order to qualify me for these funds. This consent will expire one year from the date below unless I indicate the withdrawal of my consent in writing to Delmarva Power.

Signature: _____ Date: _____