



# ENERGY ASSISTANCE PROGRAM ENROLLMENT FORM

Email the completed form to [customerhelp@burlingtonelectric.com](mailto:customerhelp@burlingtonelectric.com)  
or mail to Burlington Electric Department, 585 Pine St., Burlington, VT 05401

## Terms & Conditions

- Eligibility is available to low-income customers, defined as those customers who currently are at or below 185% of the federal poverty level. household size: income limit  
 1 person: \$27,861 2 persons: \$37,814 3 persons: \$47,767 4 persons: \$57,720  
 5 persons: \$67,673 6 persons: \$77,626 7 persons: \$87,579 8 persons: \$97,532
- Customers accepted into the Energy Assistance Program (EAP) will receive a bill credit of 12.5%.
- Customers accepted into BED's EAP who later no longer qualify for the program they used as eligibility to participate in BED's EAP are required to notify BED, as they no longer will be eligible for the BED's EAP.

Name	<input type="text"/>	Customer ID	<input type="text"/>
Account Holder	<input type="text"/>	Location ID	<input type="text"/>
Phone	<input type="text"/>	<i>See your latest bill.</i>	
Email	<input type="text"/>	Additional Comments	
Service Address	<input type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	
	<input type="text"/> Burlington, VT      Zip <input type="text"/>		

## Proof of Income Eligibility

Eligible Customers can opt to request BED to enroll them in the EAP Rate and verify income eligibility by providing documentation of existing eligibility for: VT Seasonal Fuel Assistance, 3SquaresVT, Reach Up, VGS Energy Assistance, Vermont Section 8 Assistance, Medicaid or for any customers who are not able to provide eligibility documentation using any of the above income verification methods, BED will work with those customers to find an alternative verification method. **We will be able to process your request after we receive your proof of participation.**

- I have included my Proof of Eligibility with this form.       I am not enrolled in either the State Fuel Assistance Program or federal Housing Choice Voucher (Section 8) Program, yet I believe I may be eligible for your assistance program.

## Additional Water Bill Assistance

I give permission for my qualification status for BED's EAP to be shared with Burlington Water Resources (BWR). In doing so, BWR will process this as my application for their Water Resources Assistance Program (WRAP) which could save me the fixed meter fee on my monthly water bill.

Customer Signature	<input style="width: 100%; height: 40px;" type="text"/>	Today's Date	<input style="width: 100%; height: 40px;" type="text"/>
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I have read and agree to the Terms and Conditions described above.