

Project DESERVE Application

This program provides assistance to current Westar Energy customers with active service in their name. Applications may be submitted by mail to Center of Hope Inc., P.O. Box 3237, Wichita, KS 67201; by fax (316) 267-7778; or by email ProjectDeserve@centerofhopeinc.org. Online registration is available at centerofhopeinc.org. Please see page 3 for other important information and requirements. *Assistance is determined on the basis of need, subject to the availability of funds.*

To be eligible for this program, a member of your household must meet one of the following categories:

65 Years or Older or receives permanent disability income from SSI or SSD

OR

Meets the income guidelines below

If approved, you will be assisted with the amount due on your account at the time of review, up to \$300.

If approved, you will be assisted with the amount due on your bill at time of review, up to \$100.

Household information			
List all members of your household. Your utility bill must be in the name of an adult living in the household. Begin on line 1 with the account holder's name. <i>Please print</i>			
Name (Last, First, MI) (For all in household)	Social Security # (Adults only)	Sex M or F	Age
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Household	Net Income (not including food stamps)	
	Annual	Month
1	\$13,850	\$1,154
2	\$15,800	\$1,317
3	\$17,800	\$1,483
4	\$19,750	\$1,646
5	\$21,350	\$1,779
6	\$22,950	\$1,913
7	\$24,500	\$2,042
8	\$26,100	\$2,175

Applicant's telephone: _____ Applicant's email: _____

Street address _____ City _____ State _____ Zip _____ County _____

Please indicate with a check (✓) why you need assistance with your bill:

- Not enough monthly income
 Loss of income
 Unusually high utility bill
 Unusually high medical bill
- Other (please explain) _____

Please list the following information from your utility bill:

Name of utility: _____

Account number: _____

Total bill amount: _____

Budget Information		
MONTHLY EXPENDITURES	Amount paid this month	Regular monthly expenses
Rent		
Electric		
Gas		
Water		
Trash		
Cable		
Internet		
Phone		
Food stamps		
Food (own \$)		
Household		
Clothes		
Laundry		
Vehicle (payment)		
Vehicle insurance		
Gas/transportation		
Other insurance		
Credit card payments		
Pay day loan payments		
Student loan payments		
Other loan payments		
Child care		
Medical/hospital		
Tithes/contributions		
Cigarettes/alcohol		
Recreation		
Fines		
Other		
TOTAL*		

* Total must agree with total cash received

Income Information		
Name of person	Source	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Monthly income total		\$
Borrowed (check all that apply)	<input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Payday loan	\$
	Total cash received*	\$

* Total cash received must agree with monthly expenditures paid this month

IMPORTANT!

Please include ALL household income for all household members regardless of age or relationship.

Source examples include: employment, SSD, SSI, SS, TAF, food stamps, unemployment, worker compensation, child support, alimony, pension, VA benefits, etc.

Each source requires official written verification.

Examples of verification include: paycheck stubs for most recent 30 days, letter from Social Security office (for current year), printout from DCF, printout from unemployment office, etc.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS – ONLY SEND COPIES. ALL DOCUMENTS WILL BE DESTROYED AFTER REVIEW.



Please read the next page (p. 3) very carefully

Required Verification

To have your application for assistance considered, written verification of your situation is required. Along with this signed application, you must provide **COPIES** of the following:

- Current verification for each source of income in your household for the most recent 30 days
- Current utility bill
- One other utility bill or phone bill in your name at this address

DO NOT include originals as they will not be returned to you. All documents will be destroyed after review.

Notification Information

You will be notified, in writing, of our decision. Please allow up to 4 weeks to receive notification by mail. Please return completed application and verification using one of the following:

Fax: (316) 267-7778
Email: ProjectDeserve@centerofhopeinc.org
Mail: Center of Hope Inc.
Project DESERVE
P.O. Box 3237
Wichita, KS 67201
Online: centerofhopeinc.org

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

My signature below means that I understand and agree to all of the following:

- ✓ I understand it is my responsibility to provide current proof of all household income, a current copy of my utility bill and another monthly bill in my name to determine my eligibility.
- ✓ **I understand I need to continue making regular payments to my energy provider and that any Project DESERVE benefits which may be received do not take the place of my responsibility to pay the vendor.**
- ✓ I understand my eligibility will be determined under the Project DESERVE guidelines.
- ✓ **I understand this assistance is available only one time in a rolling 12-month period to those who demonstrate a financial need.**
- ✓ I authorize my utility provider to release my payment history and other information to Center of Hope Inc. I also authorize Center of Hope Inc. to release application information to my energy vendor.
- ✓ **I understand applications with incomplete information or verification will not be processed and will be destroyed.**
- ✓ I certify that all information I have provided is complete and accurate.

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Signature of adult household member

Date

Daytime phone number



Project DESERVE
P.O. Box 3237
Wichita, KS 67201