PGW CUSTOMER RESPONSIBILITY PROGRAM (CRP)

Application / Recertification Form

What is PGW's Customer Responsibility Program (CRP)?

CRP is a customer assistance program that can help low-income customers better afford their PGW bills and keep their gas service on. CRP customers pay a discounted amount based on either their gross household income & size, or average bill amount, whichever is lower. Customers who pay the total amount due will receive forgiveness for their past debt.

Instructions for Completing Application

1. Read the Customer Responsibilities and Important Notice.
2. In the Household Information section, list all household members, yourself included, along with the social security number (SSN) / ID number and date of birth (DOB) for each person. The customer of record's SSN / ID number and DOB are not required.
   a. For household members age 18 and older who do not have an income, please provide a brief statement to describe their current situation (e.g., attending school, unemployed and not eligible for unemployment).
   b. You must provide documentation for all sources of income in the household.
      i. See the next page for a list of accepted forms of income.
   c. If you do not wish to provide the social security number for household members, you must provide some other type of identifying number (e.g., driver's license number, passport number, or visa number).
3. If you receive undocumented financial support from someone who does not live in your household, that person must complete the Additional Assistance section on the application, in its entirety, and sign it.
4. Complete the Other Assistance section.
   a. If you receive Food Stamps/SNAP benefits or a housing subsidy, place a check mark in the box next to "Yes" and list the amount received each month. Documentation of this assistance may be required by PGW upon request.
   b. If you do not receive Food Stamps/SNAP benefits or a housing subsidy, place a check mark in the box next to "No"
5. **Sign and date the application.**

Customer Responsibilities

1. I understand that the Pennsylvania Public Utility Commission (PUC) requires customers to meet income eligibility to enroll in CRP.
2. I understand that I will receive monthly forgiveness of past debt over the course of 36 months, but only in the months that I pay my total amount due.
3. I understand that if I miss one payment, I will be in default, collection activity may begin, and my service may be terminated.
4. I agree to recertify every two years by submitting a CRP application with updated household information and income documentation.
5. I agree to report all changes in my household size and income, even if the changes occur before my required recertification date.
6. I agree to accept the free services of PGW's energy efficiency programs if offered to me.
7. I agree to make a significant effort to conserve energy.
8. I agree that if false information is found during an investigation, there could be criminal prosecution for fraud. Additionally, I agree that if I fail to meet any of the terms of service listed, PGW may remove me from the Customer Responsibility Program and back bill me for any applicable charges.
9. By signing this document, I acknowledge that I have provided complete and correct information, have read and understand this notice, and agree to the Customer Responsibilities above.

Mail completed application and copies of required documents to:

Philadelphia Gas Works
Customer Responsibility Program
P.O. Box 3529
Philadelphia, PA 19122-0529

Your completed application can also be faxed to:

215-398-3361

Scan to apply online

Or go to:
PGWorks.com/CRP

PGW Customer Responsibility Program (CRP)
APPLICATION / RECERTIFICATION FORM

Acceptable Income Documents to Submit *(provide only where applicable)*

1. Current pay stubs (received within the last 30 days or the last 12 months).
2. Social Security: award letter, bank statement, or tax statement.
3. Pension: Pay stubs or bank statements.
4. DHS detail sheet or Compass printout showing Cash Benefits for children or other household members.
5. Detail sheet from the Department of Labor and Industry showing unemployment benefits.
6. Short- and/or long-term disability pay stubs.
7. If Self Employed: Bank Statement with deposits or Prior year Tax return.
8. Court-order of child support received on behalf of a child or court-order of alimony.
9. Foster care support payments.
10. If using Rental Income: Provide prior year Federal tax return showing rental income or include a copy of your tenant lease and show evidence of rental income, like bank statements or rent receipts, along with either:
    a. Your latest mortgage statement for the rented property.
    b. Proof of property ownership with a deed.

Account Owner:

Full Name: PGW Account Number:

Address: City: State:

ZIP: Phone:

Household Information: (Please list all children and adults living in your home, starting with yourself)

Possible Identification Numbers: Please use one of the numbers below in the 4th column for **ID Type**.

(1) Social Security Number **(2)** Drivers License **(3)** Student ID **(4)** Passport Number **(5)** Visa Number

(6) Individual Tax Identification Number **(7)** Other:_____

Last Name	First Name	Relationship	ID Type	ID Number*	Date of Birth	Under 18 (Y/N)
		(Self)				

(If you need to include more household members, please attach a separate sheet)

*****To protect against fraud, identification is required. Adults and non-adults, excluding the customer of record, must provide one of the above listed forms of identification.*

Please note: There are additional questions on the back of this page ➡

PGW Customer Responsibility Program (CRP)
APPLICATION / RECERTIFICATION FORM

Additional Assistance:

If someone not living in your home provides financial assistance to you or someone else in your home, they must complete the section below and sign where noted. PGW may require verification of the information stated in this section.

Name of person providing assistance: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

_____
(Signature of person providing assistance)

I certify that I provide $_____/month in cash assistance to the CRP applicant listed above and I understand that PGW can ask for verification of this information upon request.

Zero Income:

IMPORTANT: If neither you, nor anyone in your household, have received any type of income, financial assistance, child support, nor any other type of cash assistance within the last 30 days, other than SNAP benefits, a housing voucher, or a Philadelphia Housing Authority utility payment, please describe below how your household meets the basic needs of food, housing, and utilities each month.

Food	Housing	Utilities

Other Assistance:

Check the boxes below if anyone in your home receives any of the assistance listed below. Send documents showing how much assistance you receive for each. PGW does not consider these types of assistance as income when deciding if you qualify for CRP. PGW requires this information to determine if you have enough money for your basic needs.

☐ Supplemental Nutrition Assistance Program (SNAP) If checked, how much per month? $_____

☐ Housing subsidy (e.g., PHA housing, voucher) If checked, how much per month? $_____

Signature: (application is considered incomplete until signed by PGW Customer)

_____ _____ _____

Print Name **Signature** **Date**