



PO Box 70, Indiana, PA 15701
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APPLICATION FOR AID FROM THE MATCH ASSISTANCE PROGRAM

The aim of the Match Assistance Program is to give financial assistance to Cooperative Members who might be faced with unexpected loss of income, illness, family emergencies, or other problems which limit their ability to pay their electric bill.

Applicants must meet the following requirements to be eligible for assistance:

1. Must recently be faced with unexpected loss of income, illness, family emergency, or other problems which limit their ability to pay their electric bill.
2. Must have made three (3) payments on their account, themselves, in the past six (6) months prior to their application for assistance.
3. All money matched must be received in our office or verified by outside agencies prior to funds being credited to an account.
4. Filed out and signed Match Assistance Aid Form must be received in the office.

Name: _____

Date: _____

Address: _____

Members of Household

Account #: _____

Phone #: _____

Date of onset of condition making it difficult to pay bill:

____/____/____

Reason for requesting aid (please be specific): _____

Signature