

## **LEEP (Low-income Energy Efficiency Program) Application**

Application must be completed in its entirety, signed and dated

GRU's Low-income Energy Efficiency Program assists low-income customers with home improvements that can lower their electric bill, improve comfort and reduce energy use.

### **ELIGIBILITY**

- Must be a GRU residential electric customer
- Customer must own and live in the home
- Only single-family dwellings built prior to 1993 or mobile homes
- Customer may receive assistance from this program only once
- Customer must show proof that they meet income qualifications (at or below 80% of Median Family Income based on current HUD low-income guidelines). Contact a federal, state or local assistance agency, such as, but not limited to:
  - Central Florida Community Action Agency (CFCAA) – by appointment 352-373-7667
  - Department of Children & Families (DCF) – existing clients only 352-955-5016
  - Alachua County Housing Authority (ACHA) – 352-372-2549
- Customer must use a GRU LEEP Contractor
- Customer must participate in an in-home training which consists of an energy efficiency walk-through

### **ATTACH TO THIS FORM**

- Proof of home ownership (Certificate of Title, Sales Agreement, current Tax Notice or Homestead Exemption)

### **SECTION I: CUSTOMER INFORMATION** (Please print clearly)

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact #(s) (include area code) Daytime \_\_\_\_\_ Evening \_\_\_\_\_

GRU Account # \_\_\_\_\_

Housing Type  Single-family House  Mobile Home

Own  Yes  No

Central Air  Yes  No

Central Heat  Yes  No

Type  Electric  Natural Gas  Propane  Oil  Kerosene  Wood

How did you hear about this program? \_\_\_\_\_



**SECTION III: INCOME CERTIFICATION FORM**

Form must be filled out and signed by the applicant and the federal, state or local income assistance agency before submitting to GRU. Examples of assisting agencies: Central Florida Community Action Agency (CFCAA), Department of Children & Families (DCF), and Alachua County Housing Authority (ACHA).

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_(if any)

Address: \_\_\_\_\_

**Recipient Statement Section**

The information provided to \_\_\_\_\_ (name of assisting agency) was used to determine income eligibility. I/we have provided, for each person, household information, acceptable verification of current annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

**Program Administrator Statement Section**

Based on the representations, and upon the proofs and documentation submitted, the family or individual(s) named above is/are eligible under the provisions of Chapter 420, Part V, Florida Statutes, as Moderate (income does not exceed 80% of the area median income) or Low Income Households.

**Verification is based upon the 2010 (year) income limits for Gainesville Metropolitan Statistical Area (MSA) or Alachua County, Florida.**

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Program Administrator  
(or His/Her Designated Representative)

Household Size: _____
Income: _____
% MSA: _____

\_\_\_\_\_  
Title