

GARKANE ENERGY COOPERATIVE, INC.
Winter Assistance for Rural Members (W.A.R.M.)
Application for 2019-2020 W.A.R.M. Assistance

I hereby apply for assistance from Garkane's W.A.R.M. Program for myself and my household.

Applicant: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Telephone: _____ *Account No:* _____

Please list the names and ages of all household members, starting with the applicant's name: _____

Briefly state the reason you are requesting assistance: _____

Have you or anyone living in your household applied for Home Energy Assistance (H.E.A.T. Program) from the State of Utah or the State of Arizona? Yes No

If yes, did you receive assistance? Yes No

PLEASE READ CAREFULLY: You must qualify for the H.E.A.T. Program to qualify for Garkane's W.A.R.M. Program. If you receive assistance from the H.E.A.T. Program this winter season and the H.E.A.T. payment came directly to Garkane, simply read and sign the declaration at the bottom of this form and return to **Garkane Energy, P O Box 465, Loa, Utah 84747.** If your H.E.A.T. payment went to another provider (i.e. propane, coal, etc.), you must include documentation showing date, amount, and provider with this application. If you have not applied for the H.E.A.T. Program, contact your local Department of Social Services. W.A.R.M. Funds will not be applied until H.E.A.T. funds have been received or verified. Please follow the instructions listed above.

Deadline for Applications: February 14, 2020 or until available funds are depleted.

DECLARATION

I hereby certify that the information contained in this application is accurate. I understand that if W.A.R.M. Program funds available for the 2018/2019 program are exhausted prior to the processing of this application, Garkane Energy Cooperative, Inc. is under no obligation to make payment. I also acknowledge that receiving W.A.R.M. Program funds does not relieve my obligation to pay portions of my electric bill not covered by the W.A.R.M. Program funds, and does not eliminate the possibility of my service being disconnected for delinquency.

DATE: _____ SIGNED: _____

FOR GARKANE USE: HEAT Assistance Verification: Date _____ Amount _____
Approved _____ Disapproved _____ Date _____
WARM Assistance Amount: \$50.00