



# SNAPPING SHOALS

14750 Brown Bridge Road ▪ P.O. Box 509 ▪ Covington, Georgia 30015 ▪ Phone: 770.786.3484

## E-SIST PROGRAM GUIDELINES

***Please read before completing application. Incomplete applications will be denied.***

Snapping Shoals EMC's Residential Energy Efficiency Assistance Program (E-Sist) is designed to help residential members become more energy efficient and save on energy costs. A qualified member will receive a home energy assessment and direct assistance to make energy-saving improvements.

- Applicants must be active electric members of Snapping Shoals EMC (SSEM) for at least six (6) months to be eligible to apply for assistance and cannot be in arrears to SSEMC when the application is submitted.
- The applicant must be the current homeowner and occupy the home. The home must be located within our service territory and more than seven (7) years old. The applicant must provide proof of home ownership with this application.
- Applicants must have a household income of \$37,000 or less annually. All applications must include all sources of monthly income (pay stub, Retirement, Disability, or Social Security) **and a copy of your most recent tax return.**
- Any applicant that has previously tampered with or had unauthorized use of electricity will automatically be disqualified.
- Participation in the Residential Energy Efficiency Assistance Program (E-Sist) program is limited to once every (24) twenty-four months. Another application must be submitted to participate again.
- Applications will be considered in the order they are received. Applicants will be notified by phone or mail of the decision regarding their application.
- Applications for this program will be accepted until all funds are awarded. No application will be considered once funding is exhausted or SSEMC discontinues the program.

**Send your completed and signed application with proof of home ownership, income, and tax return forms to:**

Residential Energy Efficiency Assistance (E-Sist) Program  
Snapping Shoals EMC  
P.O. Box 509  
Covington, GA 30015

**You may also drop off your application at either of our office locations between 8 a.m. and 5 p.m.**

14750 Brown Bridge Road  
Covington, GA 30016

or

190 Fairview Road  
Ellenwood, GA 30294



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## RESIDENTIAL ENERGY EFFICIENCY ASSISTANCE APPLICATION

Please complete this form in its entirety and return it to be considered for approval. You will be notified by phone or mail of the decision regarding your application.

### APPLICANT INFORMATION:

Applicant's Full Name (SSEMC member): \_\_\_\_\_

SSEMC Acct # \_\_\_\_\_ Last four of SS# \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Residence (Circle one): YES NO Current Homeowner (Circle one): YES NO

Best Contact # \_\_\_\_\_ (Circle one): Home Cell Work Other

E-Mail Address: \_\_\_\_\_

Employed Part-Time: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Unemployed: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Employer's Telephone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

### HOUSEHOLD INFORMATION:

List ALL members in your household, including yourself.

Last Name	First Name	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL # OF HOUSEHOLD MEMBERS: \_\_\_\_\_

**SOURCES OF MONTHLY INCOME:**

**AMOUNTS**

You must provide information on your entire household’s income. Please use the “Other Household Members’ Monthly Salary” for each additional household member 18 years old or older. **Proof of income for all resources and a copy of the most recent tax return for each are required with the application submission.**

Applicant’s Monthly Salary _____	Employer’s Name _____	\$ _____
Spouse’s Monthly Salary _____	Employer’s Name _____	\$ _____
Other Household Member’s Monthly Salary _____	Employer’s Name _____	\$ _____
Other Household Member’s Monthly Salary _____	Employer’s Name _____	\$ _____
Other Household Member’s Monthly Salary _____	Employer’s Name _____	\$ _____

List other sources of income below: Retirement, Unemployment, Disability, Social Security, Alimony, Child Support

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

The information provided in this application is for the sole purpose of obtaining assistance from Snapping Shoals EMC on behalf of the undersigned applicant. Each applicant warrants that the information provided is true and complete. Further, by signing below, each applicant grants Snapping Shoals EMC authorization to make any inquiries deemed necessary to verify the accuracy of the statements made herein.

Applicant’s Signature: \_\_\_\_\_

Co-Applicant’s Signature (Spouse/Roommate): \_\_\_\_\_

Employee or Director of SSEMC (Yes/No): \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_

<b>FOR SNAPPING SHOALS EMC USE ONLY</b>
ACCOUNT NUMBER: _____
RECVD BY: _____
DATE (MM/DD/YY): _____