

HOME ENERGY EFFICIENCY ASSISTANCE PROGRAM INCOME SCREENING APPLICATION

Apply online at <https://www.georgiapower.com/heepapplication>

This application will allow Georgia Power to determine whether you are income eligible to participate in Georgia Power's Home Energy Efficiency Assistance Program (HEEAP).

Please complete all fields. Incomplete applications will not be processed. All applications will require proof of income eligibility, or proof of income for the Georgia Power Account Holder. If additional information is needed, you will be notified of the specific information or documentation required to process your application. For questions, please email heepcustomers@southernco.com or call 1-877-310-5607 (Monday – Friday 8:00 AM – 5:00 PM ET).

SECTION A – INDIVIDUAL APPLICANT INFORMATION							
Last Name		First Name		MI	Jr/Sr/III		
Installation Address (where home improvements are to be made)		Unit #	City	State	Zip		
Primary Phone	Do you currently <input type="checkbox"/> Own <input type="checkbox"/> Rent	Years at Current Address	Dwelling Type <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Other	Do you reside at the above installation address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Address (if different than the above installation address)			City	State	Zip		
Mailing Address (if different than the above current address)			City	State	Zip		
SECTION B – UTILITY INFORMATION							
Georgia Power Meter Number		How is your home heated? (select one) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Other		How is your water heated? (select one) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Other			
SECTION C – INCOME INFORMATION							
Are you currently eligible for, or have you received within the past 12 months, services through LIHEAP, food stamps, public assistance, or supplemental security income? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Complete the following table listing all household members who are over the age of 18. Please use additional pages, if needed.							
	Last Name	First Name	Annual Income	Income Source	Date of Birth (MM/DD/YYYY)	Full-Time Student (Y/N)	Required to file a Federal Tax Return (Y/N)
1.							
2.							
3.							
4.							
5.							
6.							
If you are currently eligible for, or have received within the past 12 months, services through LIHEAP, food stamps, public assistance, or supplemental security income, please provide your most recent award letter. If your Social Security Number appears on any of these documents, make sure that number is <i>not visible</i> before you upload the document.							

