



Assistance Information Guide

2022-2023 Benefits

Application Checklist

Family Information

Head of Household's Name: _____ Date of Birth: _____

Other Family Member's Name(s):

Name: _____ Relation: _____ Date of Birth: _____

Contact Information

Phone Number: _____ Email Address: _____

Address:

Assistance Applications

Type of assistance needed:

- Food
- Cash Assistance
- Child Care
- Utilities
- Other, please specify: _____

Application(s) submitted to: <ul style="list-style-type: none"><input type="checkbox"/> SNAP<input type="checkbox"/> WIC<input type="checkbox"/> TANF<input type="checkbox"/> Child Care Subsidy<input type="checkbox"/> Medical Assistance<input type="checkbox"/> Affordable Connectivity<input type="checkbox"/> LIHEAP<input type="checkbox"/> LIWAP<input type="checkbox"/> Dollar Energy Fund<input type="checkbox"/> Other, please specify: _____	Application(s) submitted to: <ul style="list-style-type: none"><input type="checkbox"/> SNAP<input type="checkbox"/> WIC<input type="checkbox"/> TANF<input type="checkbox"/> Child Care Subsidy<input type="checkbox"/> Medical Assistance<input type="checkbox"/> Affordable Connectivity<input type="checkbox"/> LIHEAP<input type="checkbox"/> LIWAP<input type="checkbox"/> Dollar Energy Fund<input type="checkbox"/> Other, please specify: _____	Application(s) submitted to: <ul style="list-style-type: none"><input type="checkbox"/> SNAP<input type="checkbox"/> WIC<input type="checkbox"/> TANF<input type="checkbox"/> Child Care Subsidy<input type="checkbox"/> Medical Assistance<input type="checkbox"/> Affordable Connectivity<input type="checkbox"/> LIHEAP<input type="checkbox"/> LIWAP<input type="checkbox"/> Dollar Energy Fund<input type="checkbox"/> Other, please specify: _____	Application(s) submitted to: <ul style="list-style-type: none"><input type="checkbox"/> SNAP<input type="checkbox"/> WIC<input type="checkbox"/> TANF<input type="checkbox"/> Child Care Subsidy<input type="checkbox"/> Medical Assistance<input type="checkbox"/> Affordable Connectivity<input type="checkbox"/> LIHEAP<input type="checkbox"/> LIWAP<input type="checkbox"/> Dollar Energy Fund<input type="checkbox"/> Other, please specify: _____
Submission Date: _____	Submission Date: _____	Submission Date: _____	Submission Date: _____
Submitted via: <ul style="list-style-type: none"><input type="checkbox"/> COMPASS<input type="checkbox"/> Online application<input type="checkbox"/> Paper application	Submitted via: <ul style="list-style-type: none"><input type="checkbox"/> COMPASS<input type="checkbox"/> Online application<input type="checkbox"/> Paper application	Submitted via: <ul style="list-style-type: none"><input type="checkbox"/> COMPASS<input type="checkbox"/> Online application<input type="checkbox"/> Paper application	Submitted via: <ul style="list-style-type: none"><input type="checkbox"/> COMPASS<input type="checkbox"/> Online application<input type="checkbox"/> Paper application
Status: <ul style="list-style-type: none"><input type="checkbox"/> Approved<input type="checkbox"/> Denied			

<input type="checkbox"/> Additional info needed			
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PA DHS Assistance Programs

Program Name	Benefit Type	Eligibility	Frequency	Contact Information																								
Supplemental Nutrition Assistance Program (SNAP)	Food	<p>- Your household income meets the guidelines below.</p> <p>- All persons applying must provide or apply for a Social Security Number</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Family Size</th><th>Maximum Gross Monthly Income</th></tr> </thead> <tbody> <tr><td>1</td><td>\$2,266</td></tr> <tr><td>2</td><td>\$3,052</td></tr> <tr><td>3</td><td>\$3,840</td></tr> <tr><td>4</td><td>\$4,626</td></tr> <tr><td>5</td><td>\$5,412</td></tr> <tr><td>6</td><td>\$6,200</td></tr> <tr><td>7</td><td>\$6,986</td></tr> <tr><td>8</td><td>\$7,772</td></tr> <tr><td>9</td><td>\$8,560</td></tr> <tr><td>10</td><td>\$9,348</td></tr> <tr><td>For each additional person, add:</td><td>\$788</td></tr> </tbody> </table> <p>The total amount of SNAP benefits your household gets each month is called an allotment. Because SNAP households are expected to spend about 30% of their own resources on food, your allotment is calculated by multiplying your household's net monthly income by</p>	Family Size	Maximum Gross Monthly Income	1	\$2,266	2	\$3,052	3	\$3,840	4	\$4,626	5	\$5,412	6	\$6,200	7	\$6,986	8	\$7,772	9	\$8,560	10	\$9,348	For each additional person, add:	\$788	Monthly	1-412-565-2146
Family Size	Maximum Gross Monthly Income																											
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		<p>0.3 and subtracting the result from the maximum monthly allotment for your household size.</p> <p>Maximum Monthly Allotment Based on Household Size</p> <table border="1"> <thead> <tr> <th>Family Size</th><th>Maximum</th></tr> </thead> <tbody> <tr><td>1</td><td>\$250</td></tr> <tr><td>2</td><td>\$459</td></tr> <tr><td>3</td><td>\$658</td></tr> <tr><td>4</td><td>\$835</td></tr> <tr><td>5</td><td>\$992</td></tr> <tr><td>6</td><td>\$1,190</td></tr> <tr><td>7</td><td>\$1,316</td></tr> <tr><td>8</td><td>\$1,504</td></tr> <tr><td>Each Additional</td><td>Add \$188</td></tr> </tbody> </table>	Family Size	Maximum	1	\$250	2	\$459	3	\$658	4	\$835	5	\$992	6	\$1,190	7	\$1,316	8	\$1,504	Each Additional	Add \$188												
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Women, Infants and Children Program (WIC)	Food	<ul style="list-style-type: none"> - You must be: <ul style="list-style-type: none"> - pregnant OR breastfeeding (up to one year postpartum) OR - not breastfeeding (up to 6 months postpartum) OR - have children under 5 years old - Your household income meets the guidelines below: <table border="1"> <thead> <tr> <th>Family Size</th><th>Month</th><th>Year</th></tr> </thead> <tbody> <tr><td>1</td><td>\$2,096</td><td>\$25,142</td></tr> <tr><td>2</td><td>\$2,823</td><td>\$33,874</td></tr> <tr><td>3</td><td>\$3,551</td><td>\$42,606</td></tr> <tr><td>4</td><td>\$4,279</td><td>\$51,338</td></tr> <tr><td>5</td><td>\$5,006</td><td>\$60,070</td></tr> <tr><td>6</td><td>\$5,734</td><td>\$68,802</td></tr> <tr><td>7</td><td>\$6,462</td><td>\$77,534</td></tr> <tr><td>8</td><td>\$7,189</td><td>\$86,266</td></tr> <tr><td>For each additional person, add:</td><td>\$728</td><td>\$8,732</td></tr> </tbody> </table>	Family Size	Month	Year	1	\$2,096	\$25,142	2	\$2,823	\$33,874	3	\$3,551	\$42,606	4	\$4,279	\$51,338	5	\$5,006	\$60,070	6	\$5,734	\$68,802	7	\$6,462	\$77,534	8	\$7,189	\$86,266	For each additional person, add:	\$728	\$8,732	Monthly	1-412-350-5801
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Temporary Assistance for Needy Families (TANF)	Cash Assistance	<ul style="list-style-type: none"> - You must be a US citizen and resident of PA (certain non-citizens lawfully admitted for permanent residence may be eligible) - You must look for a job or participate in an employment training program (some people may be excused from work requirements due to disabilities, etc.) - You must complete an Agreement of Mutual Responsibility with a caseworker. The Agreement is a plan for what you will do so you no longer need cash assistance. The plan may include looking for work, attending a training program, or applying for Social Security benefits. - Your resources (things with cash value such as bank accounts, bonds or property that is not your primary/main residence) must have a value of \$1,000 or less. - You must report all income from employment or from other sources including, but not limited to, child support, unemployment compensation, interest, Social Security benefits, or lottery winnings. - You must not have more than \$250 in savings (for an individual) or \$1,000 in savings (for more than one person) - You household income meets the guidelines below: <table border="1" data-bbox="792 1106 1406 1220"> <thead> <tr> <th>Household Size</th><th>Monthly Gross Income</th></tr> </thead> <tbody> <tr> <td>1</td><td>\$205</td></tr> <tr> <td>2</td><td>\$316</td></tr> <tr> <td>3</td><td>\$403</td></tr> </tbody> </table> <p>For those living in Allegheny County, the maximum benefit amounts you may receive are listed below.</p>	Household Size	Monthly Gross Income	1	\$205	2	\$316	3	\$403	Monthly	1-412-565-2146
Household Size	Monthly Gross Income											
1	\$205											
2	\$316											
3	\$403											

Houshold income may reduce the amount of money you receive.

Number of Persons in Budget Group	Maximum Benefit Amount
1	\$205
2	\$316
3	\$403
4	\$497
5	\$589
6	\$670
Each additional person	\$83

Child Care Works- Subsidized Child Care Program	Child Care	<ul style="list-style-type: none"> - You must live in Pennsylvania - Your child must be 13 years of age or younger - You must have a child or children who need child care while you work or attend an education program - You must work 20 or more hours a week OR work 10 hours and go to school/train for 10 hours a week *Teen parents must attend an education program - You must have a promise of a job that will start within 30 days of your application - The child who needs care must be a citizen of the US or an alien lawfully admitted for permanent residency - You must have proof of identification for each parent/caretaker in the home - Your household income meets the guidelines below: <table border="1" data-bbox="792 698 1100 975"> <thead> <tr> <th>Household Size</th><th>Maximum Yearly Family Income</th></tr> </thead> <tbody> <tr><td>2</td><td>\$36,620</td></tr> <tr><td>3</td><td>\$46,060</td></tr> <tr><td>4</td><td>\$55,500</td></tr> <tr><td>5</td><td>\$64,940</td></tr> <tr><td>6</td><td>\$74,380</td></tr> <tr><td>7</td><td>\$83,820</td></tr> <tr><td>8</td><td>\$93,260</td></tr> </tbody> </table> <p>If you meet the guidelines:</p> <ul style="list-style-type: none"> - The Early Learning Resource Center (ELRC) will pay a part of your child care cost. This is called the subsidy payment. - You will pay a part of your child care cost. This is called the family co-pay. - The subsidy payment and family co-pay will go directly to the child care provider. 	Household Size	Maximum Yearly Family Income	2	\$36,620	3	\$46,060	4	\$55,500	5	\$64,940	6	\$74,380	7	\$83,820	8	\$93,260	Monthly	1-888-340-3572 (toll-free) 1-412-350-3577
Household Size	Maximum Yearly Family Income																			
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Medical Assistance	Medical	<ul style="list-style-type: none"> - You must meet income, resources*, and other eligibility requirements - Eligibility is determined using income & household size in comparison to income limits - TANF benefits, SSI, SNAP benefits, LIHEAP benefits, foster care payments, certain housing & utility subsidies, weatherization payments, and child support payments (only applicable MAGI MA) are NOT counted when determining income eligibility - You must be able to verify your identity (driver's license, state identification card, or another piece of identification) - You must provide a Social Security Number for each person applying for assistance - You must be a resident of PA - Assistance is available to U.S. citizens, refugees, and certain lawfully admitted non-citizens. Other non-citizens may be eligible for limited Medical Assistance benefits if an emergency medical condition exists - <p>*Resource limits do not apply for:</p> <ul style="list-style-type: none"> - MAGI MA eligibility groups - Pregnant women - Individuals with children (aged 20 and under) under their care and control - Children under the age of 21 	Varies	412-565-2146
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Resource Limits

Non-Money Payment (NMP) Medical Assistance

Non-MAGI
One person = \$2,000
Two people = \$3,000

Medically-Needly Only Medical Assistance

Non-MAGI
One person = \$2,400
Two people = \$3,200
Each additional person = \$300

Medicare Buy-In Programs

Healthy Horizons Cost Sharing, Specified Low-Income Medical Assistance
One person = \$8,400
Two persons = \$12,600

Medical Assistance for Workers with Disabilities (MAWD)

MAWD
Any household size = \$10,000

Income limits are specific for different eligibility groups

Income Requirements for Medical Assistance for Children and Pregnant Women

Household Size	Monthly Pregnant Women & Infants Under Age 1 (215% FPIG)	Monthly Children Ages 1 to 5 (157% FPIG)	Monthly Children Ages 6 to under 19 (133% FPIG)
1	\$2,435	\$1,779	\$1,507
2	\$3,281	\$2,396	\$2,030
3	\$4,127	\$3,014	\$2,553
4	\$4,972	\$3,631	\$3,076
5	\$5,818	\$4,249	\$3,599
6	\$6,664	\$4,866	\$4,122
7	\$7,509	\$5,484	\$4,646
8	\$8,355	\$6,101	\$5,169
Each Additional Person	\$846	\$618	\$524

Family Planning

- The Family Planning Services program in PA provides services, information, and counseling related to family planning.

The program provides family planning and family planning-related services, pharmaceuticals, and supplies to people of any age who:

- are not otherwise eligible for Medical Assistance

		<ul style="list-style-type: none">- have an income at or below 315% of the Federal Poverty Limit- are not pregnant- are residents of PA- are U.S. citizens or have a satisfactory immigration status and identification <p>Medical Assistance Benefits for Workers with Disabilities</p> <ul style="list-style-type: none">- MAWD lets Pennsylvanians with disabilities take a fulfilling job, earn more money, and still keep their full medical coverage <p>*Disabilities may include physical or developmental disabilities, mental health, or intellectual disabilities</p> <p>To be eligible for MAWD, you must:</p> <ul style="list-style-type: none">- Be at least 16 years of age but less than 65- Be employed and receiving compensation- Have a disability that meets the Social Security Administration's standards- Have countable income below 250 percent of the Federal Poverty Income Guidelines- Have \$10,000 or less in countable resources (resident property and one automobile are NOT countable assets) <p>Medical Assistance for Older People and People with Disabilities</p>		
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Non-Money Payment (NMP)

Number of People	NMP Categories Net Monthly Income Limit
1	\$863.10
2	\$1,294.30

Medically Needy Only (MNO)

Number of People	MNO Categories Net Monthly Income Limits	MNO Categories Net 6-Month Income Limits
1	\$425	\$2,550
2	\$442	\$2,650
3	\$467	\$2,800
4	\$567	\$3,400
5	\$675	\$4,050
6	\$758	\$4,550
7	\$850	\$5,100
8	\$942	\$5,600
Each Additional Person	\$92	\$550

Qualified Medicare Beneficiary (QMB)/Healthy Horizons: Categorically Needy Program

- Individuals who qualify for these benefits are eligible for Medical Assistance payments of their Medicare Part A and Part B premiums and payment of Medicare deductibles and

coinsurance & eligible for medical coverage through the Medical Assistance program

Number of People	2022 Federal Poverty Level (FPIG)	Monthly Income Limit (FPIG + \$20 Deductible = Limit)	Resource Limit
1	100 percent or less	\$1,133 + \$20 + \$1,153	\$2,000
2	100 percent or less	\$1,526 + \$20 = \$1,546	\$3,000

Qualified Medicare Beneficiary (QMB)/Healthy Horizons: Medicare Cost-Sharing Program

- Individuals who qualify for these benefits are eligible for payment of their Medicare Part A and Part B premiums and payment of Medicare deductibles and coinsurance

Number of Persons	2022 Federal Poverty Level (FPIG)	Monthly Income Limit (FPIG + \$20 Deductible = Limit)	Resource Limit
1	100 percent or less	\$1,133 + \$20 = \$1,153	\$8,400
2	100 percent or less	\$1,526 + \$20 = \$1,546	\$12,600

Specified Low-Income Medicare Beneficiary (SLMB) Program

- Individuals who qualify for these benefits are eligible for payment of their Medicare Part B premium

2022 Federal Poverty Level (FPIG)	Monthly Income Limit (FPIG + \$20 Deductible = Limit)	Resource Limit
At least 100 percent but less than 120 percent	\$1,133 + \$20 = \$1,153 Less than \$1,359 + \$20 = \$1,379	\$8,400
At least 100 percent but less than 120 percent	\$1,526 + \$20 = \$1,546 Less than \$1,831 + \$20 = \$1,851	\$12,600

Qualifying Individuals Group 1 (QI-1)

- Individuals who qualify for these benefits are eligible for payment of their Medicare B premium

Number of People	2022 Federal Poverty Level (FPIG)	Monthly Income Limit (FPIG + \$20 Deductible)	Resource Limit
1	At least 120 percent but less	\$1,359 + \$20 = \$1,379	\$8,400

	than 135 percent	Less than \$1,529 + \$20 = \$1,549	
2	At least 120 percent but less than 135 percent	\$1,831 + \$20 = \$1,851 Less than \$2,060 + \$20 = \$2,080	\$12,600

Affordable Connectivity Program	Internet	<p>The Affordable Connectivity Program is offered to those who:</p> <ul style="list-style-type: none"> - Have a household income at or below 200% of the Federal Poverty Guidelines - Participate in SNAP, Medicaid, Federal Public Housing Assistance, SSI, WIC, or Lifeline - Participate in the National School Lunch Program or School Breakfast Program - Have received a Federal Pell Grant during the current award year - Meet the criteria for a participating provider's existing internet offer for low-income individuals <p>The Affordable Connectivity Program provides up to \$30/month discount for broadband services, a one-time discount of up to \$100 for a laptop, desktop computer, or tablet (if the household contributes more than \$10 but less than \$50 toward the purchase price)</p> <ul style="list-style-type: none"> - After applying and being approved for the program, the Affordable Connectivity Program pays your broadband provider directly each month 	Monthly	611 OR 1-800-544-4441
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Allegheny County Utility Assistance Programs

Program Name	Utility Type	Eligibility	Frequency	Contact Information																														
Customer Assistance Program: Peoples and Peoples Gas	Gas	<ul style="list-style-type: none"> - You must be a current Peoples customer with active residential heating service. - Your household income meets the guidelines below. <table border="1" data-bbox="783 463 1205 796"> <thead> <tr> <th data-bbox="783 463 910 491">Family Size</th><th data-bbox="910 463 1036 491">Month</th><th data-bbox="1036 463 1205 491">Year</th></tr> </thead> <tbody> <tr><td data-bbox="783 491 910 518">1</td><td data-bbox="910 491 1036 518">\$2,265</td><td data-bbox="1036 491 1205 518">\$27,180</td></tr> <tr><td data-bbox="783 518 910 546">2</td><td data-bbox="910 518 1036 546">\$3,052</td><td data-bbox="1036 518 1205 546">\$36,620</td></tr> <tr><td data-bbox="783 546 910 574">3</td><td data-bbox="910 546 1036 574">\$3,838</td><td data-bbox="1036 546 1205 574">\$46,060</td></tr> <tr><td data-bbox="783 574 910 602">4</td><td data-bbox="910 574 1036 602">\$4,625</td><td data-bbox="1036 574 1205 602">\$55,500</td></tr> <tr><td data-bbox="783 602 910 629">5</td><td data-bbox="910 602 1036 629">\$5,412</td><td data-bbox="1036 602 1205 629">\$64,940</td></tr> <tr><td data-bbox="783 629 910 657">6</td><td data-bbox="910 629 1036 657">\$6,198</td><td data-bbox="1036 629 1205 657">\$74,380</td></tr> <tr><td data-bbox="783 657 910 685">7</td><td data-bbox="910 657 1036 685">\$6,985</td><td data-bbox="1036 657 1205 685">\$83,820</td></tr> <tr><td data-bbox="783 685 910 713">8</td><td data-bbox="910 685 1036 713">\$7,772</td><td data-bbox="1036 685 1205 713">\$93,260</td></tr> <tr><td data-bbox="783 713 910 796">For each additional person, add:</td><td data-bbox="910 713 1036 796">\$787</td><td data-bbox="1036 713 1205 796">\$9,440</td></tr> </tbody> </table> <p data-bbox="783 833 1406 997">Those who are eligible for People's Customer Assistance Program are given affordable, monthly, long-term bill payment plans so they can maintain their gas service. The payments are based on income, not gas usage.</p> <ul style="list-style-type: none"> - Participants will pay between 8-10% of their total monthly before-tax income each month. 	Family Size	Month	Year	1	\$2,265	\$27,180	2	\$3,052	\$36,620	3	\$3,838	\$46,060	4	\$4,625	\$55,500	5	\$5,412	\$64,940	6	\$6,198	\$74,380	7	\$6,985	\$83,820	8	\$7,772	\$93,260	For each additional person, add:	\$787	\$9,440	Monthly	1-800-400-9276
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Customer Assistance Program: Duquesne Light Company	Electric	<ul style="list-style-type: none"> - Account holder must be an adult residing in the home. - Your household income meets the guidelines below: <table border="1" data-bbox="783 1209 1248 1405"> <thead> <tr> <th data-bbox="783 1209 910 1237">Family Size</th><th data-bbox="910 1209 1036 1237">Month</th><th data-bbox="1036 1209 1205 1237">Year</th></tr> </thead> <tbody> <tr><td data-bbox="783 1237 910 1264">1</td><td data-bbox="910 1237 1036 1264">\$1,699</td><td data-bbox="1036 1237 1205 1264">\$20,388</td></tr> <tr><td data-bbox="783 1264 910 1292">2</td><td data-bbox="910 1264 1036 1292">\$2,289</td><td data-bbox="1036 1264 1205 1292">\$27,468</td></tr> <tr><td data-bbox="783 1292 910 1320">3</td><td data-bbox="910 1292 1036 1320">\$2,879</td><td data-bbox="1036 1292 1205 1320">\$34,548</td></tr> <tr><td data-bbox="783 1320 910 1348">4</td><td data-bbox="910 1320 1036 1348">\$3,469</td><td data-bbox="1036 1320 1205 1348">\$41,628</td></tr> <tr><td data-bbox="783 1348 910 1375">5</td><td data-bbox="910 1348 1036 1375">\$4,059</td><td data-bbox="1036 1348 1205 1375">\$48,708</td></tr> <tr><td data-bbox="783 1375 910 1403">6</td><td data-bbox="910 1375 1036 1403">\$4,649</td><td data-bbox="1036 1375 1205 1403">\$55,788</td></tr> </tbody> </table>	Family Size	Month	Year	1	\$1,699	\$20,388	2	\$2,289	\$27,468	3	\$2,879	\$34,548	4	\$3,469	\$41,628	5	\$4,059	\$48,708	6	\$4,649	\$55,788	Monthly	1-888-393-7600									
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For each additional person, add:	\$590	\$7,080
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Those who are eligible for Duquesne Light's Customer Assistance Program will receive reduced monthly payments and debt forgiveness if terms of the CAP agreement are met.

Your CAP payment each month will be a Percentage of Income Payment Plan (PIPP) based on your income and household members.

- There is an annual MAXIMUM CAP discount based on income level
- The difference between your CAP Payment Amount (CPA) and your actual usage equals the CAP discount.
- Your minimum monthly payment is based on your rate class- \$20 for residential service and \$40 for residential service heating.
- Your CAP bill must be paid monthly for you to remain eligible for the program benefits, including any debt that is being forgiven.
- Debt forgiveness is provided after your full monthly payment is made and is 1/24 of the total debt.

Customer Assistance Program: Columbia	Gas	<ul style="list-style-type: none"> - Account holder must be residing in the home or apartment. - You must have an active single dwelling, residential heating account. - You must have difficulty paying your bill. - You household income meets the guidelines below: <table border="1" data-bbox="794 507 1406 809"> <thead> <tr> <th>Household Size</th><th>Monthly Gross Income (150% FPL)</th></tr> </thead> <tbody> <tr><td>1</td><td>\$1,699</td></tr> <tr><td>2</td><td>\$2,289</td></tr> <tr><td>3</td><td>\$2,879</td></tr> <tr><td>4</td><td>\$3,469</td></tr> <tr><td>5</td><td>\$4,059</td></tr> <tr><td>6</td><td>\$4,649</td></tr> <tr><td>7</td><td>\$5,239</td></tr> <tr><td>8</td><td>\$5,829</td></tr> <tr><td>Each Additional</td><td>\$590</td></tr> </tbody> </table> <p>Customer Assistance Program payments will be calculated as follows:</p> <ul style="list-style-type: none"> - 7% or 9% of the total household monthly income + co-pay - 0 to 110% of poverty level = 7% + \$5 + \$3 - 111% to 150% of poverty level = 9% or \$5 + \$3, OR - One half of Promoted Budget plus \$5 + \$3, OR - Average of past 12 months of payments + \$5 + \$3 <p>(\$5 co-pay exists while an account balance remains)</p>	Household Size	Monthly Gross Income (150% FPL)	1	\$1,699	2	\$2,289	3	\$2,879	4	\$3,469	5	\$4,059	6	\$4,649	7	\$5,239	8	\$5,829	Each Additional	\$590	Monthly	1-800-537-7431
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<p>Customer Assistance Program: First Energy (<i>WestPenn Power</i>)</p>	<p>Electric</p>	<ul style="list-style-type: none"> - You must have an active residential electric account. - Must provide annual verification of income and identification of all household members. - Must participate in LIHEAP and WARM, if eligible - The person whose name is on the account must live in the home - Your household income meets the guidelines below: <table border="1" data-bbox="792 453 1396 780"> <thead> <tr> <th>Household Size</th><th>Weekly Gross Income</th><th>Monthly Gross Income</th><th>Yearly Gross Income</th></tr> </thead> <tbody> <tr><td>1</td><td>\$368</td><td>\$1,595</td><td>\$19,140</td></tr> <tr><td>2</td><td>\$497</td><td>\$2,155</td><td>\$25,860</td></tr> <tr><td>3</td><td>\$627</td><td>\$2,715</td><td>\$32,580</td></tr> <tr><td>4</td><td>\$756</td><td>\$3,275</td><td>\$39,300</td></tr> <tr><td>5</td><td>\$885</td><td>\$3,835</td><td>\$46,020</td></tr> <tr><td>6</td><td>\$1,014</td><td>\$4,395</td><td>\$52,740</td></tr> <tr><td>7</td><td>\$1,143</td><td>\$4,955</td><td>\$59,460</td></tr> <tr><td>8</td><td>\$1,273</td><td>\$5,515</td><td>\$66,180</td></tr> <tr><td>Each Additional</td><td>\$129</td><td>\$560</td><td>\$6,720</td></tr> </tbody> </table> <p>First Energy/WestPenn Power's Customer Assistance Program may provide one or all of the following benefits:</p> <ul style="list-style-type: none"> - A monthly credit toward the electric bill (To qualify for monthly bill credits, annual energy charges must be greater than 3% (non-electric heat) or 9% (electric heat) of total gross household income) - A one-time opportunity to have the current account balance set aside for forgiveness - An opportunity to reduce electric consumption through WARM 	Household Size	Weekly Gross Income	Monthly Gross Income	Yearly Gross Income	1	\$368	\$1,595	\$19,140	2	\$497	\$2,155	\$25,860	3	\$627	\$2,715	\$32,580	4	\$756	\$3,275	\$39,300	5	\$885	\$3,835	\$46,020	6	\$1,014	\$4,395	\$52,740	7	\$1,143	\$4,955	\$59,460	8	\$1,273	\$5,515	\$66,180	Each Additional	\$129	\$560	\$6,720	<p>Monthly</p>	<p>1-888-862-6816</p>
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<p>Customer Assistance Program: PA American Water</p>	<p>Water</p>	<ul style="list-style-type: none"> - Applicants must have made a sincere effort to pay their bill. - Applicants must meet the income guidelines below: <table border="1" data-bbox="792 344 1214 752"> <thead> <tr> <th>Family Size</th><th>Grant Program: Monthly Income</th><th>Discount Program: Monthly Income</th></tr> </thead> <tbody> <tr><td>1</td><td>\$2,265</td><td>\$1,698</td></tr> <tr><td>2</td><td>\$3,051</td><td>\$2,288</td></tr> <tr><td>3</td><td>\$3,838</td><td>\$2,878</td></tr> <tr><td>4</td><td>\$4,625</td><td>\$3,468</td></tr> <tr><td>5</td><td>\$5,411</td><td>\$4,058</td></tr> <tr><td>6</td><td>\$6,198</td><td>\$4,648</td></tr> <tr><td>7</td><td>\$6,985</td><td>\$5,238</td></tr> <tr><td>8</td><td>\$7,771</td><td>\$5,828</td></tr> <tr><td>For each additional person, add:</td><td>\$786</td><td>\$590</td></tr> </tbody> </table> <p>PA American Water offers two different forms of assistance through their H2O Help to Others Program:</p> <ul style="list-style-type: none"> - Water Assistance <ul style="list-style-type: none"> - Grants up to \$500 per year to be used towards household's water bills - 85% discount on the monthly service fee and 10% discount on the monthly volumetric charges - Wastewater Assistance <ul style="list-style-type: none"> - Grants up to \$500 per year to be used toward household's wastewater bills - 30% discount on the total wastewater charges 	Family Size	Grant Program: Monthly Income	Discount Program: Monthly Income	1	\$2,265	\$1,698	2	\$3,051	\$2,288	3	\$3,838	\$2,878	4	\$4,625	\$3,468	5	\$5,411	\$4,058	6	\$6,198	\$4,648	7	\$6,985	\$5,238	8	\$7,771	\$5,828	For each additional person, add:	\$786	\$590	<p>Monthly and yearly</p>	<p>1-888-282-6816</p>
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<p>Customer Assistance Program: Pittsburgh Water & Sewer Authority</p>	<p>Water</p>	<p>Pittsburgh Water & Sewer Authority offers two different assistance programs:</p> <ul style="list-style-type: none"> - Bill Discount Program: Customers earning an annual income that is at or below 150% of the Federal Poverty level are eligible for the Bill Discount Program. The Bill Discount Program provides customers with: <ul style="list-style-type: none"> - 100% discount on the fixed monthly drinking and wastewater conveyance charges. - 50% discount on the volumetric charges (if the customer's annual income is at or below 50% of the Federal Poverty Level) - 85% reduction on the new stormwater fee - A monthly, \$30 credit to reduce past due balances (customers must be enrolled in the Bill Discount Program, an active payment plan, and make on-time payments to receive this credit) - Hardship Grant <ul style="list-style-type: none"> - Yearly cash grant up to \$300 for customers at or below 150% of the Federal Poverty Level <table border="1" data-bbox="783 975 1406 1413"> <thead> <tr> <th>People in Household</th><th>50% of Federal Poverty Level</th><th>150% of Federal Poverty Level</th><th>300% of Federal Poverty Level</th></tr> </thead> <tbody> <tr><td>1</td><td>\$6,795</td><td>\$20,385</td><td>\$40,770</td></tr> <tr><td>2</td><td>\$9,155</td><td>\$27,465</td><td>\$54,930</td></tr> <tr><td>3</td><td>\$11,515</td><td>\$34,545</td><td>\$69,090</td></tr> <tr><td>4</td><td>\$13,875</td><td>\$41,625</td><td>\$83,250</td></tr> <tr><td>5</td><td>\$16,235</td><td>\$48,705</td><td>\$97,410</td></tr> <tr><td>6</td><td>\$18,595</td><td>\$55,785</td><td>\$111,570</td></tr> <tr><td>7</td><td>\$20,955</td><td>\$62,865</td><td>\$125,730</td></tr> <tr><td>8</td><td>\$23,315</td><td>\$69,945</td><td>\$139,890</td></tr> <tr><td>For more than 8 people, add this amount for each</td><td>\$2,360</td><td>\$7,080</td><td>\$14,160</td></tr> </tbody> </table>	People in Household	50% of Federal Poverty Level	150% of Federal Poverty Level	300% of Federal Poverty Level	1	\$6,795	\$20,385	\$40,770	2	\$9,155	\$27,465	\$54,930	3	\$11,515	\$34,545	\$69,090	4	\$13,875	\$41,625	\$83,250	5	\$16,235	\$48,705	\$97,410	6	\$18,595	\$55,785	\$111,570	7	\$20,955	\$62,865	\$125,730	8	\$23,315	\$69,945	\$139,890	For more than 8 people, add this amount for each	\$2,360	\$7,080	\$14,160	<p>Monthly and yearly</p>	<p>1-866-762-2348</p>
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additional person:								
Dollar Energy Fund	Various	<p>Dollar Energy Fund's Hardship Program provides funding on a first serve basis during the set program dates and while funding is available. To apply for a grant from the Hardship program, follow the steps listed below:</p> <ol style="list-style-type: none"> 1. Contact your utility company. They will screen you for eligibility and refer you to a Community Based Organization (CBO) in your area that will assist you with the application process. Your utility company will also be able to tell you about other programs that may be available to help you. 2. Make an appointment with the CBO to which you were referred. 3. Bring all necessary information to your appointment at the CBO. You will need: <ul style="list-style-type: none"> - Names of everyone in your household - Birthdates of everyone in your household 	Monthly	412-431-2800 1-800-683-7036				

		<ul style="list-style-type: none"> - Proof of income of everyone in your household - A copy of your most recent utility bill - Your utility account number - Proof of all payments made in the last 90 days <p>4. Complete the application with the CBO intake worker. Once the application is complete, the CBO will submit the application to Dollar Energy Fund. After submission, applications are usually processed within two business days.</p> <p>5. If you are awarded a grant, the money will be applied directly to your utility account within 4 to 6 weeks. If the grant was not approved, you will receive written notice by mail or email the day after your application is processed.</p> <p>6. Continue to make regular utility payments. A Dollar Energy Fund grant is not a substitute for your regular monthly payment.</p>		
Low-Income Home Energy Assistance Program (LIHEAP)	Heating	<ul style="list-style-type: none"> - You must meet income guidelines. - You don't have to be on public assistance. - You don't need to have an unpaid heating bill. - You can rent or own your home. <p>*A Social Security Number is not needed to be eligible for LIHEAP. However, each household member one year of age or older who does not provide a Social Security Number must be listed on the Energy Assistance Affidavit (this is found in the Certification section of the LIHEAP application)</p> <p><i>Note: 2021-2022 requirements listed below</i></p>	One-time	1-866-857-7095

Income requirements:

Household Size	Income Limit
1	\$19,320
2	\$26,130
3	\$32,940
4	\$39,750
5	\$46,560
6	\$53,370
7	\$60,180
8	\$66,990
9	\$73,800
10	\$80,610
For every additional person, add \$6,810	

A one-time, cash grant will be sent directly to the utility company/fuel provider to be credited on your bill. These grants range from \$500 to \$1,500 based on household size, income, and fuel type.

Households in immediate danger of being without heat can also qualify for crisis grants. Emergency situations include:

- Broken heating equipment or leaking lines that must be fixed or replaced
- Lack of fuel
- The main heating source or second heating source has been completely shut off
- The danger of being without fuel (less than a 15-day supply)
- The danger of having utility services terminated (you've received a notice that service will be shut off within the next 60 days)

Low-Income Household Water Assistance Program (LIHWAP)	Water	<ul style="list-style-type: none"> - You either rent or own your home. - You have an overdue water bill that you are responsible for paying - Your household income meets the income guidelines. <p>*A Social Security Number is not needed to be eligible for LIHWAP. However, each household member one year of age or older who does not provide a Social Security Number must be listed on the Energy Assistance Affidavit (this is found in the Certification section of the LIHWAP application)</p> <p>Income requirements:</p> <table border="1" data-bbox="792 682 1072 1068"> <thead> <tr> <th>Household Size</th><th>Income Limit</th></tr> </thead> <tbody> <tr><td>1</td><td>\$19,320</td></tr> <tr><td>2</td><td>\$26,130</td></tr> <tr><td>3</td><td>\$32,940</td></tr> <tr><td>4</td><td>\$39,750</td></tr> <tr><td>5</td><td>\$46,560</td></tr> <tr><td>6</td><td>\$53,370</td></tr> <tr><td>7</td><td>\$60,180</td></tr> <tr><td>8</td><td>\$66,990</td></tr> <tr><td>9</td><td>\$73,800</td></tr> <tr><td>10</td><td>\$80,610</td></tr> <tr><td colspan="2">For every additional person, add \$6,810</td></tr> </tbody> </table> <p>LIHWAP crisis grants may be available if you have an emergency situation and are in jeopardy of losing your water service. You can receive one crisis grant for drinking water service and one crisis grant for your wastewater service, up to \$2,500 each.</p> <p>Emergency situations include:</p> <ul style="list-style-type: none"> - Past-due water bills 	Household Size	Income Limit	1	\$19,320	2	\$26,130	3	\$32,940	4	\$39,750	5	\$46,560	6	\$53,370	7	\$60,180	8	\$66,990	9	\$73,800	10	\$80,610	For every additional person, add \$6,810		One-time	1-877-395-8930
Household Size	Income Limit																											
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		<ul style="list-style-type: none"> - Termination of utility service - Danger of having utility service terminated (received a notice that service will be shut off within the next 60 days) 		
PA Public Utility Commission (PUC)	All	<p>Pennsylvania's Public Utility Commission (PUC) oversees the nearly 7,000 entities which provide utility services across the state.</p> <p>The mission of the PUC is to balance the needs of consumers and utilities, ensure safe and reliable utility service at reasonable rates, protect the public interest, educate consumers to make independent and informed utility choices, further economic development, and foster new technologies and competitive markets in an environmentally sound manner.</p> <p>To learn more about the PUC, visit their website: https://www.puc.pa.gov/</p>	N/A	1-800-692-7380

Pennsylvania Utility Law Project (PULP)	All	<p>Pennsylvania's Utility Law Project (PULP) provides information, assistance, and advice about residential utility and energy matters affecting low-income consumers.</p> <p>PULP assists low-income residential utility and energy consumers connect to and maintain affordable utility and energy services within their homes.</p> <p>To learn more about PULP, visit their website:</p> <p>https://www.rhls.org/utilities/pulp/</p>	N/A	1-844-645-2500
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