

CARE Program of Ayingo Foundation

Low-Income Heating and Cooling Discount Programs Enrollment Form (CARE) For Questions, Call CARE toll-free at 1-877-806-4611

SECTION 1- Applicant Information

Name: _____
As it appears on your utility bill (please print)

Address: _____

City: _____, IL Zip Code: _____

Telephone Number: (_____) _____ - _____

HOUSEHOLD SIZE – Total (Include all adults and children residing at this service address)

Number of people living in your household: ____

HOUSEHOLD INCOME WORKSHEET

Income Source	Dollar Amount	PROVIDE PROOF OF HOUSEHOLD INCOME WITH THIS APPLICATION (provide at least one of the documents that apply)
Wages from Employment as shown on pay stub or W-2 Form		<ul style="list-style-type: none"> • Copy of most recent pay stub(s) from employers covering the last two months (for all members of the household). • Your most recently filed tax return (must be signed) or W-2, • A signed letter from each employer indicating the level of your wage, • Documentation of social security income, Copy of an unemployment form with eligibility dates, • Copies of the most recent unemployment checks • Copy of the most recent bank statement showing direct deposit of income.
Social Security		
Retirement Income		
Alimony or Child Support		
Unemployment or Worker's Compensation		
All Other Earnings		

Mark or circle each program you are enrolled in below.
Food Stamps
Medicaid
Supplemental Security Income-SSI
Health Benefit Coverage under Child Health Plan (CHIP)
Low-Income Energy Assistance Program - LIHEAP
Federal Public Housing Assistance

Mail Completed Application and Required Documentation to:

CARE Ayingo Foundation
P.O. Box 3553
Joliet, IL 60434
Or Fax to:
(269) 620-7135