

Customer Assistance Program (CAP) Application and Renewal Form



Application information

Full name:				Date:		
	<i>Last</i>	<i>First</i>	<i>M.I.</i>			
Account #:						
Address:				Phone:		
	<i>Street address</i>		<i>Apt/Unit #</i>			
	<i>City</i>	<i>State</i>	<i>Zip Code</i>			
Email:						

Household occupants *Please list yourself and ALL members of your household below:*

Last Name	First Name	Birthdate	Gender (M/F)	Social Security Number	Relationship	Monthly Income
					SELF	

Disclaimer and signature

Proof of income (the last 30 days or annual) is required to complete CAP enrollment (examples include: Paystubs, Social Security, TANF, W2.) If you have zero income and receive food stamps, please print out your Department of Human Services benefits sheet as proof. If you do not receive food stamps, please fill out a zero income form found here: DuquesneLight.com/CAP and send it in with your completed application.

Please mail, fax or email this application with proof of income for each member of the household, to the CAP office of your choice. If the application is incomplete or proof of income is not sent in, your CAP enrollment will be delayed until all information is provided.

Do not mail the application to Duquesne Light Company because your CAP processing time and enrollment will be delayed.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____