Georgia Power

HOME ENERGY EFFICIENCY ASSISTANCE PROGRAM
INCOME SCREENING APPLICATION

This Consent and Signatures document is required for your Home Energy Efficiency Assistance Program application to be reviewed for program eligibility.

After you have completed the Consent and Signature requirements below, this document must be submitted one of the following ways:

- Uploaded to your application online, here: https://gpcresidential-heeap.programprocessing.com/
- Faxed to 1-833-706-0087. Fax Cover Sheet can be downloaded from, here: https://gpcresidential-heeap.programprocessing.com/content/ProgramDocumentation
- Emailed to heeapcustomerservice@southernco.com

CONSENT AND SIGNATURES

HEEAP PROJECT NUMBER: _____

I certify, under the penalties of law, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and are true and complete. I understand that my signature on this form gives permission to Georgia Power and its designee, to verify information and records necessary to confirm my income eligibility. I understand that if I give false information or withhold information in order to make myself appear eligible for benefits that I am not entitled to, I may be prosecuted to the fullest extent of the law.

I understand this application does not guarantee assistance will be granted but it will be used in determining income eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend on many factors, including the number of applications received, the funding available, and the priorities to be met by the program.

Whether or not I, have elected to sign this document electronically, Georgia Power, its designees, and or any subsequent holders of this document, shall have the right to convert and store the manual signature electronically and I consent to the use of the electronically stored version in the same manner as an original signed copy.

I understand and intend that a legally binding signature is formed by entering my name on this and other program documents. I intend for my electronic signature to have the same force and effect as my manual signature. If any of the parties do not wish to sign this application electronically, all must opt out together and request a paper copy to be signed manually.

By entering my name below, I confirm that I agree and accept the program terms and conditions, including the terms and conditions of this application.

All household members over the age of 18 are required to sign and date this application below.

Signature	Date	Email Address
Signature	Date	Email Address
Signature	Date	Email Address
Signature	Date	Email Address
Signature	Date	Email Address
Signature	Date	Email Address