

# Emergency Deferred Billing Plan Application

The Emergency Deferred Billing Plan is available to residential or governmental SLEMCO Customer's that meet the enrollment criteria as stated in the Louisiana Emergency Relief Act of 2001.

Complete this Application and return it to SLEMCO, Attention: **Deferred Billing Plan, PO Box 90866, Lafayette, LA, 70509**, along with the required support documents as listed below. Applications must be completed in-full and must be accompanied by required support documents. Applications will not be processed until ALL requirements are met.

SLEMCO Account Number: \_\_\_\_\_

Customer's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical (911) Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell/Evening Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I qualify based on the following and have provided, along with a completed Application, the required documentation as stated below. I do understand that additional information or documents may be required of me that will allow SLEMCO to accurately assess my qualifications for enrollment into this plan.

Below please mark the appropriate category that allows you to qualify and place a mark next to the support documents that are accompanying this Application.

I am at least 65 years old and whose income does not exceed 150% of the poverty level as established by the Federal Government.

- Copy of current driver's license (or valid, pictured identification card)
- Copy of previous year's Tax Returns

I currently receive food stamps or Temporary Assistance for Needy Families (TANF).

- Copy of current driver's license (or valid, pictured identification card)
- Copy of a "Letter of Certification" from the Parish Office of Family Support, etc...

My sole income consists of Social Security payments.

- Copy of current driver's license (or valid, pictured identification card)
- Copy of previous year's Tax Returns
- Copy of a letter from the Social Security Office stating benefits being received

I am a governmental entity who provides vital services, the absence of which could result in "imminent peril" to public health, safety and welfare.

- Document stating the organizational status as a governmental entity
- Governmental document listing the vital service(s) that are provided by this entity

I am currently in need of life sustaining, electrically operated equipment, or life-sustaining medical treatment that requires electricity.

- Copy of current driver's license (or valid, pictured identification card)
- A letter signed by a physician stating the prognosis and diagnosis with a statement included "that electricity is necessary in sustaining the life of his/her patient"

I understand that prior to qualifying for the Deferred Billing Plan, SLEMCO does offer me the option of enrolling my account in the Budget Billing Plan, as the best way to levelize monthly electric bills. Please mark one of the following choices and sign on the line provided below:

Enroll me in SLEMCO's Budget Billing Plan today

Enroll me in the Deferred Billing Plan to be assisted at time of an "energy emergency".

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: All information must be updated annually or this application will expire one year from the date of approval.**