



Project DESERVE Application

For office use only:
PM ___/___/200__

This program provides assistance to current Westar Energy customers. Applications may ONLY be submitted by mail through the United States Postal Service. They must be postmarked between the 1st and 7th of the month. Any application with a postmark before the 1st or after the 7th will not be considered. Please see page 3 for other important information and requirements. **Assistance is determined on a first-come first-serve basis, based on the availability of funds, to those who demonstrate a financial need.**

To be eligible for this program, a member of your household must meet one of the following categories:

- 60 years or older **OR** Receives permanent disability income from SSI or SSD
(This category has a \$300 a year limit)
- Meets the income guidelines below
(This category has a \$100 a year limit)

Household information			
List all members of your household. Your Westar bill must be in the name of an adult living in the household. Begin on line 1 with the person whose name the account is in. <i>Please print</i>			
Name (last, first, MI)	Social Sec #	Sex M or F	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Household	Gross Income	
	Annual	Month
1	\$11,440	\$ 953
2	\$15,400	\$1,283
3	\$19,360	\$1,613
4	\$23,320	\$1,943
5	\$27,280	\$2,273
6	\$31,240	\$2,603
7	\$35,200	\$2,933
8	\$39,160	\$3,263
Each add'l person	\$ 3,960	\$ 330

Your address:

Street Address _____ City _____ State _____ Zip _____ County _____

Please indicate with a check (✓) below why you need assistance with your bill:

Not Enough Income Monthly Loss of income Unusually High Utility Bill Unusually High Medical Bill

Other (please explain) _____

Please list the following information from your Westar bill:

Account number _____ Total Bill Amount _____

Budget Information			Income Information		
MONTHLY EXPENDITURES	Amount paid this month	Regular monthly expenses	Name of person	Source	Amount (in last 30 days)
Food					\$
Household supplies (cleaning, soap bleach, etc.)					\$
Shelter (rent, mortgage, paid off)					\$
Electricity					\$
Gas/Heating (fuel, oil, wood)					\$
Water/Sewer					\$
Trash					\$
Telephone					\$
Clothing					\$
Transportation (fares, gas, oil)					\$
Property Insurance					\$
Auto Insurance					\$
Medical Insurance					\$
Life/Burial Insurance					\$
Taxes (personal property, real estate)					\$
Medical/Dental/Drug expenses					\$
Personal needs (haircuts, laundry, diapers, etc.)					\$
School costs (tuition, books)					\$
Recreation (cable, movies, trips, cigarettes, lottery, gifts, etc.)					\$
Other (child care, charity, alimony, church, etc.)					\$
Credit Buying - car payments or other loans, medical bills, charge cards, appliances, furniture, etc.					\$
TOTALS			Monthly Income total		\$
			Monthly Expenditures		\$

IMPORTANT!

Please include ALL household income sources.

Source examples include: Employment, SSD, SSI, SS, TAF, Food Stamps, Unemployment, Worker Compensation, Child Support, Alimony, General Assistance (GA), etc.

Each source requires official written verification.

Examples of verification include: paycheck stubs for last 30 days, letter from Social Security office (for current year), printout from SRS, printout from unemployment office, etc.

DO NOT SEND ORIGINAL DOCUMENTS. SEND COPIES. ALL DOCUMENTS WILL BE DESTROYED AFTER REVIEW.



Please read the next page (p. 3) very carefully

Required Verification

To have your application for assistance considered, written verification of your situation is required. Along with this signed application, you must provide **COPIES** of the following:

- Copies of current verification for each source of income in your household for the last 30 days
- Copy of your current Westar Energy bill
- Copy of photo ID for every adult in your household

DO NOT include originals as they will not be returned to you. All documents will be destroyed after review.

Notification Information

You will be notified, in writing, of our decision. For those who qualify, payments will show as a credit on your Westar bill.

Please return completed application and verifications to: American Red Cross
Midway-Kansas Chapter
Project DESERVE
P.O. Box 3726
Wichita, KS 67201

Please list the name of any agency or organization that helped you complete this application:

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

My signature below means that I understand and agree to all of the following:

- ✓ I understand it is my responsibility to provide current proof of all household income, a current copy of my bill and photo ID's of all the adults in my household to determine my eligibility.
- ✓ **I understand I need to continue making regular payments to my energy provider and that any Project Deserve benefits which may be received do not take the place of my responsibility to pay the vendor.**
- ✓ I understand my eligibility will be determined under the Project Deserve guidelines.
- ✓ **I understand this assistance is available one time per year on a first-come, first-served basis to those who demonstrate a financial need.**
- ✓ I authorize my utility provider to release my payment history and other information to the American Red Cross. I also authorize the American Red Cross to release application information to my energy vendor.
- ✓ **I understand applications with incomplete information or verification will not be processed and will be destroyed.**
- ✓ I understand applications may ONLY be submitted by mail through the United States Postal Service and must be postmarked between the 1st and 7th of the month.
- ✓ **I certify that all information I have provided is complete and accurate.**

Signature of Adult Household Member

Date

()

Daytime phone number

Application Process

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If your application is denied you are eligible to reapply. You are eligible for payments from this program only one time per year.



American Red Cross

Midway-Kansas Chapter
P.O. Box 3726
Wichita, KS 67201