



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

Department of Human Services

Division of Family Assistance ~ Certification Unit

St. Croix Office

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Energy Crisis Assistance Program

<p>Last Name First Name M.I.</p> <p>Date _____</p> <p>Social Security Number: _____</p> <p>Employer: _____</p>	<p><i>Address:</i> Home: _____</p> <p>_____</p> <p>Mailing: _____</p> <p>_____</p> <p>Contact number(s): _____</p>
<p>Age: ____ Total Number in Household ____</p> <p>Income: _____</p> <p>Total Household Income: _____</p> <p>____ Copy of Income Attached</p>	<p><i>Supplier Information</i> Account Number: _____</p> <p>Meter Number: _____</p> <p>Meter Status __ Pending __ Terminated</p> <p>Proposed termination Date _____</p>
<p><i>Other Household Members:</i></p> <p>Name _____ Age ____ Relationship _____</p> <p>Employer _____ Income _____</p> <hr/> <p>Name _____ Age ____ Relationship _____</p> <p>Employer _____ Income _____</p> <hr/> <p>Name _____ Age ____ Relationship _____</p> <p>Employer _____ Income _____</p> <hr/> <p>Name _____ Age ____ Relationship _____</p> <p>Employer _____ Income _____</p>	<p><i>Direct Assistance/ Supportive Services</i></p> <p>____ General Assistance</p> <p>____ Food Stamps- Case Number _____</p> <p>____ AFDC _____</p> <p>____ WIC _____</p> <p>____ Other, Specify _____</p>