

Sullivan County Rural Electric Cooperative, Inc.

Helping Hand Program

APPLICATION

Name(s): _____
(as printed on electric bill)

City: _____ State: _____ Zip Code: _____

Telephone Number: _____
(including area code)

Account Number: _____
(primary residence)

Reason for Economic Hardship: _____
(Examples: death, hospitalization, divorce, loss of employment)

Details About Situation: _____

Do you receive Low Income Home Energy Assistance Program funds? _____

Form completed by: _____

Telephone number: _____
(including area code)

All information will be kept strictly confidential.

Please return to: Bradford County
Trehab Community Services
147 Oak Ridge Dr.
Towanda, PA 18848
P: (570) 265-6133 ext. 2
F: (570) 265-6895

Sullivan/Lycoming Counties
Trehab Community Services
210 Center St
PO Box 389
Dushore, PA 18614
P: (570) 928-9668
F: (570) 928-8144