

PROJECT UTILITIES RELIEF

UTILITY ASSISTANCE APPLICATION

Today's Date (OFFICE USE ONLY)

APPLICANT INFORMATION

Applicant #1:

LAST NAME M.I. FIRST NAME DOB LAST 4 OF SSN

BEST CONTACT NUMBER EMAIL ADDRESS

Applicant #2 (if applicable):

LAST NAME M.I. FIRST NAME DOB LAST 4 OF SSN

BEST CONTACT NUMBER EMAIL ADDRESS

ADDRESS CITY ST ZIP CODE

HOUSEHOLD INFORMATION

MARITAL STATUS: Married, Single, Dvored, Widowed

Please list additional household members

Name Age Relationship

1	HEAD OF HOUSEHOLD (Applicant #1)		N/A
2			
3			
4			
5			

VOLUNTARY SELF-IDENTIFICATION OF GENDER, VETERAN STATUS, ETHNICITY AND RACE

Please note that answering these questions is **voluntary**

Gender: Female Are you of Hispanic, Latino, or of Spanish origin? NO

Veteran: NO

Veteran(Dependent) NO How would you describe yourself? Native Hawaiiin or Other Pacific I

(Surviving Spouse): NO

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QUESTIONNAIRE

1. What is your initial request for general assistance? *Please provide the balance for each utility bill that you are requesting assistance for. UTILITIES: Electric Gas Water*

2. What created the situation that brought you to Project U Relief to request assistance? Please explain your situatio Loss of Employment Emergency Disability Other).

3. How did you hear about our program?

Other

If other, please explain how you heard about our program.

4. Are you currently receiving any assistance through another agency?

NO

If Yes, please list the name of the agency:

5. Work status? Employment Self-Employed Unemployed Other:

Unemployed

6. Income status? (Employment check, self-employment, unemployment benefits, social security, TANF, Child Support SSI/SSD/VA Benefits, Other).

TANF

Child Support

SSI/SSD/VA Benefits

Other

MONTHLY FINANCIAL INFORMATION

Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)							
Social Security (INCLUDE disability/Supplemental; INCLUDE gross amount prior to any Medicare premiums)							
Other income							

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APPLICANT CERTIFICATION

(name of applicant)

I, _____, certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department or agency working for the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income.

HEAD OF HOUSEHOLD

Printed Name

Signature Date

Other Adult Household Members

Printed Name

Signature Date

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