

Santaquin City

UTILITY ASSISTANCE APPLICATION

(Please Print)

Today's date:	<input type="checkbox"/> Age 60 or Older	<input type="checkbox"/> Temporarily Disabled	<input type="checkbox"/> Permanently Disabled
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UTILITY CUSTOMER INFORMATION

Utility Customer's last name: First: Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single/Mar/Div/Sep/Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Home phone no.: ()		
P.O. box:	City: SANTAQUIN	State: UT	ZIP Code: 84655		
Occupation, <i>if employed</i> :	Employer:		Employer phone no.: ()		

OTHERS LIVING IN UTILITY CUSTOMERS HOUSEHOLD

Names of Others living in Household	Date of Birth	Age	M / F		Relationship

FINANCIAL INFORMATION

TOTAL HOUSEHOLD MONTHLY INCOME (Gross)		TOTAL HOUSEHOLD MONTHLY EXPENSES	
Earned Income:		Food:	
Social Security:		Shelter:	
TANF: (Temporary Assistance of Needy Families)		Utilities: (Electric, Gas, City)	
Other DWFS: (Department of Workforce Service)		Transportation:	
Unemployment:		Clothing:	
Retirement:		Communications: (Phone, Cell, Internet, Television)	
Alimony:		Medical/Doctor:	
Child Support:		Prescriptions:	
Workers Compensation:		Entertainment:	
Disability :		Personal Expenses:	
Other Governmental Assistance:		Loan Payments:	
OTHER:		Other Debt (Credit Cards, etc):	
		OTHER:	
TOTAL INCOME:		TOTAL EXPENSES:	

ASSETS (Value)		LIABILITIES (Outstanding Balance)	
Primary Home:		Primary Mortgage:	
Other Real Estate:		Other Mortgages:	
Cash on Hand: (Cash, Checking, Savings, Money Market)		Personal Loans:	
Investments: (Stocks, Bonds, Precious Metals)		Credit Cards:	
Transportation: (Cars, Trucks, Boats, Airplane, Camper, etc)		OTHER:	
Household Assets:			
Personal Belongings:			
OTHER:			
TOTAL ASSETS:		TOTAL LIABILITIES:	

PLEASE SIGN AND READ

Name of individual completing this application, if different than utility customer	Relationship to utility customer:	Home phone #: ()	Work/Cell phone #: ()
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By signing this application, I declare that the information I have given is true and correct to the best of my knowledge and behalf. I authorize Santaquin City to receive and qualify the information provided to determine my eligibility for utility assistance. I understand that the act of submitting this application will, in no way, guarantee financial assistance. Furthermore, I understand that if funds for this program are exhausted that I am solely responsible for the payment of the utility services provided.

Signature

Date

Please submit the following with this application:

- Proof of Age, if 60 or Older – (e.g. Copy of Driver’s license or other form of identification, etc.)
- Proof of Disability, if Disabled – (e.g. Copy of Handicapped status, qualifying documentation, or letter from your doctor, indicating your disability and anticipated term of your disability, etc.)
- Proof of Income – (Copy of 2009 Tax Return, Paystubs, W-2, etc. for Household)