

Need to attach copy of valid DL or AL id
Plus copy of bill if Electric, Power, Gas or water

Request For Assistance

Date: _____

Legal Name: _____

Any other names you have used: _____

Home & Alternate Phone #s: _____

Address: _____

How long at this address? _____

If under 5 years, previous address: _____

How many people living at your current address? _____

Names & Ages of ALL living in household: _____

Occupations of all living in household: _____

Total Household TAKE HOME pay: _____

Any other money received? _____ From? _____

If NOT working, why? _____

Last job & why no longer employed there: _____

Have you applied for work recently? _____ Where? _____

Are you being assisted by another organization? Where? _____

Are you a member of a church? _____ Where? _____

This request for assistance is for: _____

Forms must be completely filled out. It will then be submitted to a committee for verification & decision.

Assistance requests cannot be submitted more than once in a 12 month period.

Cash is never given out. Checks will be written & mailed directly to the utility company.