The Community Services Crisis Energy Assistance Application

Name_____ Social Security_____

Mailing Address_____Enrollment # _____Telephone_____

Physical Address_____

Monthly Income $_____ Must Provide Verification

Income Source_____

Have the Members of your Household changed since last update? _____ Yes _____ No
Do you have a 48 hour shut off Notice _____Yes _____No
Please describe your crisis: _____
_____
_____

Please list <u>All HOUSEHOLD MEMBERS:</u>
It is very important to enclose copies of Social Security Cards, Income Verification for ALL new household members, utility bills and receipts. Failure to submit the proper documentation will result in delay of processing your application and/or denial of assistance.

1.) Name_____ Social Security # _____-_____-_____

DOB _____/_____/_____ Disabled ____Yes____ No MUST PROVIDE VERIFICATION

Monthly Income $_____ Income Source _____

Current Grade_____ H.S. Graduate _____GED _____ College_____

2.) Name_____ Social Security # _____-_____-_____

DOB _____/_____/_____ Disabled ____Yes____ No MUST PROVIDE VERIFICATION

Monthly Income $_____ Income Source _____

Current Grade_____ H.S. Graduate _____GED _____ College_____

3.) Name_____ Social Security # _____-_____-_____

DOB _____/_____/_____ Disabled ____Yes____ No MUST PROVIDE VERIFICATION

Monthly Income $_____ Income Source _____

Current Grade_____ H.S. Graduate _____GED _____ College_____

Additional Household Members on back side

"This information is intended only for the use of the person or office to which it is addressed, and contains privileged or confidential information protected by law. Unauthorized re-disclosure, distribution, or copying of this communication is prohibited from disclosing the information to any other party unless required by law."

Applicant Signature_____

4.) Name_____ Social Security # _____-_____-_____

DOB _____/_____/_____ Disabled ____Yes____ No MUST PROVIDE VERIFICATION

Monthly Income $_____ Income Source _____

Highest Grade Completed _____H.S. Graduate _____ GED _____ College

5.) Name_____ Social Security # _____-_____-_____

DOB _____/_____/_____ Disabled ____Yes____ No MUST PROVIDE VERIFICATION

Monthly Income $_____ Income Source _____

Highest Grade Completed _____H.S. Graduate _____ GED _____ College

6.) Name_____ Social Security # _____-_____-_____

DOB _____/_____/_____ Disabled ____Yes____ No MUST PROVIDE VERIFICATION

Monthly Income $_____ Income Source _____

Highest Grade Completed _____H.S. Graduate _____ GED _____ College

7.) Name_____ Social Security # _____-_____-_____

DOB _____/_____/_____ Disabled ____Yes____ No MUST PROVIDE VERIFICATION

Monthly Income $_____ Income Source _____

Highest Grade Completed _____H.S. Graduate _____ GED _____ College