



Support Service Application

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Support Service Applicant Information

Full Name: _____ Date: _____
Last First M.I.

COUNTY: _____

Address: _____

<i>Street Address</i>	<i>Apartment/Unit #</i>
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City *State* *ZIP Code*

Phone: _____ Email: _____

Date Service is needed: Service Amount:\$

Are you a member of a household that receives FS/MA/TANF? YES NO
☐ ☐

Do you currently reside in a shelter or efficiency lodge? YES NO
☐ ☐

Utility Assistance

<i>Name on Account:</i>	<i>Account #:</i>	
<i>Utility Company:</i>	<i>Has service been disconnected/Pending disconnection?</i>	
<i>If name on account is different explain:</i>		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that this service is provided as funds are available. I understand that I can only use this service once per year.

Signature: _____ Date: _____