



Tempe Community Action Agency
2150 E Orange Street
Tempe, AZ 85281
480-350-5880
480-350-5894(Fax)

Attention: Tempe and Fountain Hills Residents

UTILITY ASSISTANCE PROCESS

Income eligible Tempe and Fountain Hills residents can apply for financial help with electricity, including M-Power and gas bills. Clients are eligible once every 12 months.

Your **first step** is to call Tempe Community Action Agency Thursday morning at 8:00 am for utility prescreen and eligibility determination.

If eligible your next **step** is to bring all required documents and your completed application to the TCAA office. **You Must Come In Person** on:

Monday between 1:00 pm - 4:00pm

You must provide us with a working phone and message phone numbers.

Complete and eligible applications will be processed within seven (7) business days. We will call you to return and sign your affidavit of United States Citizenship and your application. After you have signed your documents, a guarantee will be sent to your utility company and your application will be forwarded for payment.

Please refer to the attached checklist to assemble your documents.

Thank you for your cooperation.



TCAA is committed to a policy of non-discrimination on the basis of race, gender, religion, sexual orientation, disability, handicap, age, national origin, marital status, or any other protected group status. This policy applies to employees, applicants for employment, clients and prospective clients, and contractors. Please call 480-350-5880 (voice) or 7-1-1 (TTY) to request.

LIST OF DOCUMENTS

You must provide these at the time you apply for utility assistance. Incomplete applications cannot be processed. This program does not reimburse bills that have already been paid. You must have a past due bill (except M-Power).

- **US Birth Certificate, certificate of naturalization, US Passport or Permanent Residence Card for the adult applicant.**
- **Social Security cards for ALL household members**
 - Or from DES a current Household Benefits Summary or print out from Social Security Office for each household member. **These must show social security numbers for everyone living in your household.**
- **Proof of income for ALL household members for the last 30 days. See below.**

BRING ALL THAT APPLY

- Verification of all social security benefits, award letters for 2013.
 - Pay stubs in the time period counting back 30 days from the day you hand in your application to TCAA.
 - Child support with your atlas number listed.
 - Unemployment 'Weekly Claims Information' print out from www.azui.com for 30 days previous to the day you hand in the application to TCAA.
 - If Self Employed:
 - Journal or ledger including name, phone number, and amount paid by all your customers in the last 60 days.
 - If starting new employment:
 - Statement from your employer stating start date, rate of pay, number of hours you're scheduled to work and pay date schedule.
 - If there has been NO HOUSEHOLD INCOME in the past 30 days:
 - Bank statement if surviving on savings and statement from your last employer stating last day worked and reason; date last pay was issued; gross amount and any vacation and sick pay received
AND
 - A survival statement or letters from friends or relatives who are providing you with assistance to pay any of your bills.
- **Most recent Arizona Public Services, Salt River Project and/or Southwest Gas bill - all pages of the bill(s) are required. SRP M-Power clients bring recent receipt with account number or last 30 days payment history.**



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PLEASE READ— this form must be completed. Please check the lines or boxes that apply to you. TCAA staff will accept your application when all the required documents are presented by you. Your application will be processed within 7 business days. Staff will call you when it's completed. If you are at risk for shut off or low on M-Power, it is your responsibility to contact and update your utility company.

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Gender: ___Male ___Female

Current Mailing Address: _____

City: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Some utility funding sources require verification of the applicant's lawful presence. Any household member 18 years and older may present documents verifying his/her U.S. citizenship.

Are you: ___homebound ___handicapped ___have Health Insurance ___U.S. Born, Naturalized or Legal Resident

Veteran: ___ YES ___No

Ethnicity: Are you Hispanic or Latino? ___ Yes ___No

Race: ___African American ___Asian ___Native American ___Native Hawaiian/Pacific Islander ___White

Marital Status: ___Married ___Separated ___Never Married ___Divorced ___Widowed

Your language is: ___English ___Spanish with English ___Spanish without English ___Native American with English ___Native American without English Other Language _____

Living Arrangement/Dwelling: ___House ___Mobile Home ___Apartment ___N/A ___Other

Family Type:

- Single Parent/ Female
Single Parent/ Male
Two Parent household
Single person
Two adults(no minor children)
Other

Housing Type:

- Rent
Own
Homeless
Other

Are you living in Section 8 or subsidized housing? ___Yes ___No

Are you receiving SNAP (Food Stamp) benefits? ___Yes ___No

If you have children, have you applied for Child Support Payments through DES? ___Yes ___No

What is your Atlas Number? _____

For Utility Assistance:	___SRP Bill	___SW Gas	___APS
Current Bill Amount			
Past Due Bill Amount			
Bill Due Date			
Disconnect Date			
I have \$_____ left on my M-Power box. Do you have a swamp/evaporative cooler ? __Y__N			

MONTHLY INCOME	
Employment (gross amount)	\$
Employment with Benefits	\$
Workers Compensation	\$
Unemployment Payments	\$
Child Support Payments	\$
Social Security Retirement or Social Security Disability or Supplemental Social Security	\$
Veterans or other Pension	\$
DES Cash Assistance (TANF)	\$
Self -Employment	\$
School Grants and Loans	\$
Other Income	\$
TOTAL INCOME	\$

The information provided DOES NOT determine eligibility or financial assistance; this form is used solely to gather information.

Name of Household Member with Income	List name of source of income (Employer, DES cash, Unemployment Ins. etc.)	Phone Number (employer)	Frequency (weekly, monthly, bi-weekly)	Day of week income received (Mon., Tues, etc.)	Total <u>Gross</u> Income In last 30 days

I certify that I have truthfully completed this questionnaire and give permission to the Tempe Community Action Agency designated staff to verify all information, including prior assistance from other agencies.

Applicant's Signature

Today's Date

THE PHONE NUMBER WHERE YOU CAN BE REACHED: _____

Social Security Number	First and Last Name	Gender	Date of Birth	Relationship to Applicant See numbers below.	Race See numbers below.	Education K to 8 th ; 9 th to 12 th GED or College	Home - bound	Handi-caped	Health Insurance?
1. Applicant		M F		Self					
2.		M F					Y N	Y N	Y N
3.		M F					Y N	Y N	Y N
4.		M F					Y N	Y N	Y N
5.		M F					Y N	Y N	Y N
6.		M F					Y N	Y N	Y N
7.		M F					Y N	Y N	Y N
8.		M F					Y N	Y N	Y N
9.		M F					Y N	Y N	Y N
10		M F					Y N	Y N	Y N

Relationship:

- | | |
|------------------|------------------|
| 1. Parent | 7. Aunt/Uncle |
| 2. Foster Parent | 8. Not related |
| 3. Grandparent | 9. Other related |
| 4. Sibling | 10. Spouse |
| 5. Niece/Nephew | 11. In-laws |
| 6. Cousin | 12. Minor Child |

Race:

1. African-American
2. Asian
3. Native American
4. Native Hawaiian/Pacific Islander
5. White
6. Multi-race