

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 come into Tempe Community Action Agency Office. Request the Utility Assistance Packet at front desk.

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

Return Packet to front desk with all required documentation listed below. Incomplete Packets will not be processed.

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

Complete and eligible applications will be processed within five (5) 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 will not be processed. This program does not reimburse bills that have already been paid. You must have a past due bill (except M-Power).

_____ **Proof of Citizenship**, 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 2020.
- 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 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. Account number for SRP M-Power must be provided.

Date _____
 Client Name _____
 Staff Signature _____

PLEASE READ— This form must be completed.

Please check the lines or boxes that apply to you. TCAA staff will accept your application when you present all the required documents. Your application will be processed within 5 business days. Staff will contact you when 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 Address: _____

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.

**IS ANYONE IN THE HOUSEHOLD A VETERAN? NAMES(S) _____
OR IN ACTIVE DUTY? (S) _____**

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
___Mixed Race ___Other

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? _____

| 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 |
|--------------------------------------|--|-------------------------|--|--|---|
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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

E-Mail _____

NOTES:

| First and Last Name | Social Security Number | Gender | Date of Birth | Race See number below | Education K to 8 th ; 9 th to 12 th GED or College | Home bound | Handi capped | Health Ins. |
|---------------------|------------------------|--------|---------------|--------------------------|---|------------|--------------|-------------|
| 1. Applicant | | M F | | | | | | |
| 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 |

RACE:

- | | |
|---|----------------------------------|
| 1. Amer. Indian/Alaskan Native | 7. Asian and White |
| 2. Asian | 8. Black/African Amer. and White |
| 3. Black/African Amer. | 9. Amer. Indian/Alaskan/Black |
| 4. Native Hawaiian/Pacific Islander | 10. Other Multi-Racial |
| 5. White | |
| 6. American Indian/Alaskan Native and White | |

