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).


_____ 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 ________________________________
PLEAS 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:____________________________________ Housing Type:_________________

☐ Single Parent/ Female ______ Rent
☐ Single Parent/ Male ______ Own
☐ Two Parent household ______ Homeless
☐ Single person ______ Other
☐ Two adults(no minor children)
☐ 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? __________________________
<table>
<thead>
<tr>
<th>Name of Household Member with Income</th>
<th>List name of source of income (Employer, DES cash, Unemployment Ins. etc.)</th>
<th>Phone Number (employer)</th>
<th>Frequency (weekly, monthly, bi-weekly)</th>
<th>Day of week income received (Mon., Tues., etc.)</th>
<th>Total Gross Income In last 30 days</th>
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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:
<table>
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<tr>
<th>First and Last Name</th>
<th>Social Security Number</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Race</th>
<th>Education</th>
<th>Homebound</th>
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**RACE:**
1. Amer. Indian/Alaskan Native
2. Asian
3. Black/African Amer.
4. Native Hawaiian/Pacific Islander
5. White
6. American Indian/Alaskan Native and White
7. Asian and White
8. Black/African Amer. and White
9. Amer. Indian/Alaskan/Black
10. Other Multi-Racial