



Tempe Community Action Agency  
2146 E. Apache Blvd  
Tempe, AZ 85281  
480-422-8922  
480-361-0176 (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 come into the TCAA office for an Application Packet or you may download at [www.tempeaction.org](http://www.tempeaction.org)

Your **next step** is to bring copies of all required documents and your completed application to the TCAA office.

Please refer to the attached checklist to assemble your documents.

Incomplete Application Packets will delay services.

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

Complete and eligible Applications will be processed within seven (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 is processed for payment.

- **Limited number of Resources Available**



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.

Thank you for your cooperation.



## 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.**

☐ A photo ID

☐ 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. **These must show social security numbers for everyone living in your household.**

☐ Most recent Bill APS, SRP, SWG. M-Power clients bring a receipt with Account number or 30-day payment history

- **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 2019.
- ☐ 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](http://www.azui.com) 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 or offer letter from your employer stating start date, rate of pay, number of hours you are scheduled to work.
- ☐ 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.





Alleviating hunger, poverty and homelessness

**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 copies of all the required documents. Your application will be processed within 5 business days. Staff will call you when it is 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? NAME(S) \_\_\_\_\_**  
**OR IN ACTIVE DUTY? NAME(S) \_\_\_\_\_**

**Are you:** \_\_\_\_Homebound \_\_\_\_Handicapped \_\_\_\_Have Health Insurance \_\_\_\_U.S. Born, Naturalized or Legal Resident

**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? \_\_\_\_\_

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

E-mail \_\_\_\_\_

NOTES:

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

