

**UTILITY ASSISTANCE PROGRAM
 APPLICATION AND DECLARATION STATEMENT**

APPLICANT INFORMATION:

Name: _____

Marital Status: S M D W Spouse's Name: _____

Service Address: _____

Utility Account #: _____ Home Phone #: _____

Work Phone #: _____ Type of Residence: _____

Los Alamos County Resident Since (date): _____

Family Member(s) Living in the Household:

_____	_____
_____	_____
_____	_____

.....
 Please list and include ALL sources of income, including benefits, for ALL household members living with you:

<u>NAME</u>	<u>SOURCE OF INCOME</u>	<u>AMOUNT</u>

ENERGY ASSISTANCE PROGRAM - APPLICATION AND DECLARATION STATEMENT

Page 2 of 3

MONTHLY SOURCE OF INCOME:

Social Security:	Yes _____	No: _____	Amount: _____
Welfare:	Yes _____	No: _____	Amount: _____
Food Stamps:	Yes _____	No: _____	Amount: _____
V.A. Benefits:	Yes _____	No: _____	Amount: _____
Military Allotment:	Yes _____	No: _____	Amount: _____
Pension/Retirement:	Yes _____	No: _____	Amount: _____
Educational Grants, Scholarships, and/or Loans:	Yes _____	No: _____	Amount: _____
Worker's Compensation:	Yes _____	No: _____	Amount: _____
Unemployment Benefits:	Yes _____	No: _____	Amount: _____
Real Estate/ Contract Payments:	Yes _____	No: _____	Amount: _____
Child Support:	Yes _____	No: _____	Amount: _____
Other Unearned Income:	Yes _____	No: _____	Amount: _____

EMPLOYMENT:

Occupation: _____ Employer: _____
Hourly Wage: \$ _____ Gross Annual Income (include all sources): \$ _____

.....
MONTHLY EXPENSES:

Rent or Mortgage: \$ _____
Auto Payment: \$ _____
Utilities: \$ _____
Child Care: \$ _____
Food: \$ _____
Phone: \$ _____
Gasoline: \$ _____

ENERGY ASSISTANCE PROGRAM - APPLICATION AND DECLARATION STATEMENT

Page 3 of 3

Total Monthly Income: \$ _____

Total Monthly Expenses: \$ _____

Remaining Income: \$ _____

State any extenuating circumstances, which you feel, would qualify you for assistance:

****Attach copies of your two most recent paycheck stubs or federal income tax returns, and/or alternate source of income verification for the past 12 months.****

I, _____, understand that all information given by me on this application is subject to investigation, and any false statement on this form made knowingly by me constitutes as fraud and would automatically disqualify me for further assistance.

I certify that I have read this application and the information contained is true to the best of my knowledge, and that I am without sufficient funds or source of income to solely pay for the utilities service provided to me by Los Alamos County, and I do not foresee any future possibility of being able to solely pay for this service.

I hereby authorize the Board of Public Utilities and/or its agents to request, from any source, information or documentation regarding my assets, obligations, or any other information which bears directly upon my eligibility for utilities assistance.

I understand that contributions to the Los Alamos County utilities assistance program are made voluntarily by county residents, and that the availability of funds for assistance depends entirely on the level of contributions. I acknowledge the fact that the County assumes no responsibility for outstanding debts, nor does the County guarantee any specific amount of financial assistance to me.

Applicant's Signature

Los Alamos County Representative Signature