



MIKE DANAHAH, MAYOR

APPLICATION/DECLARATORY STATEMENT OF ELIGIBILITY
UTILITY ASSISTANCE PROGRAM

Name (Head of Household) _____
Address _____ Social Security No. _____
Telephone No. (including area code) _____

- 1. I certify that I am a resident of the City listed above.
- 2. I certify that there are _____ persons in my household and that my household is eligible because (check all that apply):
 - a. _____ The combined gross income of all persons in my household is _____ per _____ (week, month, year).
 - b. _____ My household is composed solely of food stamp recipients.
 - c. _____ I receive Supplemental Security Income (SSI# _____).
 - d. _____ My household received AFDC or General Assistance.
- 3. I understand that I may be prosecuted under current laws for accepting assistance for which I am not eligible.
- 4. I am aware that my application may be selected on a sample basis for verification. Should my application be selected, I will cooperate fully in the verification.
- 5. I certify that I will contact the City of Sulphur should the gross income or family size of my household change in such a manner that would affect the eligibility of my household.
- 6. I certify that the above information is true and correct.

Signature of Person Filing Application Relationship if not head of household Date

FOR AGENCY USE ONLY: All pre-registering households must complete an Application/Declaratory Statement of Eligibility. An Application must be approved and on file in order for the household to receive assistance. The applicant must re-certify each year in order to continue receiving assistance.

_____ Application APPROVED for the period _____
_____ Application DENIED because: _____

Date

Agency Representative's Signature

Name	Relationship	Race	Sex	DOB	Age	Handicapped	SSN	Gross Monthly Income	Employer (Name & Address)		
	Head of Household										

1. Does any adult in household receive AFDC_____ SSI_____ Food Stamps_____ Veterans/Survivors Benefits_____?
2. Who is responsible for payment of utility bill?_____
3. Does household? (1) own (buying) home _____ OR (2) Rent_____?
4. Does vulnerable party pay utilities as part of total rent payment? _____ YES _____ NO If paid as a part of rent, to whom are payments made?

Name _____Address _____
5. What portion of rent goes toward the cost of providing water, sewer & trash collection for the resident? _____ (Attach documentation)

MAXIMUM INCOME TO DETERMINE ELIGIBILITY IS AS FOLLOWS:

<u>HOUSEHOLD SIZE</u>	<u>MONTHLY GROSS INCOME</u>
1	\$ 1,316.00
2	\$ 1,784.00
3	\$ 2,252.00
4	\$ 2,720.00
5	\$ 3,188.00
6	\$ 3,656.00
7	\$ 4,124.00
8	\$ 4,592.00
9	\$ 5,060.00
10	\$ 5,528.00