



METROCARE FINANCIAL ASSISTANCE PROGRAMS

Check below for Financial Assistance Program(s) you are applying:
 MetroCare Heat/Energy Bill Payment Assistance
 MetroCare Water Bill Payment Assistance
 MetroCare Water Conservation Assistance (Homeowners)

Date: _____ SSN: _____ Applicant No.: _____ DPU Account No: _____

Bill Pay Assistance Programs

Name: _____	No. of People in Household (Total): _____
Address: _____	Under 5 years of age _____
City: _____ State: _____ ZIP: _____	Over 60 years of age _____
Telephone: () _____ Alternate: () _____	Disabled _____ Active/Retired Military _____

INCOME:
 Total Household Income: \$ _____ monthly (*Verify Employment Status*) Source of Income: _____ (*wages, SSI, Child Support, TANF, Unemployment, etc.*)
 Monthly Rent or Mortgage: \$ _____ (*Proof of Payment Required. Used for Comparative Data.*) Subsidy Amount \$ _____
 Amount Needed: \$ _____ (*Present Bill – Total Amount*)

ASSISTANCE HISTORY:
 Are You Eligible For: Federal/State Fuel Assistance VA Power EnergyShare Other Services (*Please Verify*)
 Did You Receive Assistance From Any Agency Last Year? Yes No If Yes, which one(s) _____

REASON FOR REQUEST:

Can you make a contribution at this time towards payment of your utility bill? Yes No If Yes, \$ _____

Water Conservation Assistance Program

Name: _____	No. of People in Household (Total): _____
Address: _____	Years at this address: _____
City: _____ State: _____ ZIP: _____	Is your DPU account in good standing? _____
Telephone: () _____ Alternate: () _____	<i>(proof of last utility bill required)</i>
Do you own or rent? _____ (<i>proof of ownership required</i>) No. of appliances for replacement _____	

Statement of Applicant: All information is accurate to the best of my knowledge. I am both the resident and customer of record of the premises for which application is made. I understand that providing false information may result in disqualification of eligibility for all programs. Data submitted in this application is subject to review/verification, including information about the utility account for which I am seeking assistance. I agree to comply with applicable terms & conditions of assistance. I authorize the Agency permission to verify the information provided and track financial assistance information.

Third Party Designee: Do you want to allow another person to complete this form for you? Yes (Complete Below) No
 Designee's Name: _____ Phone No. _____

Applicant (Signature): _____ **Date:** _____

FOR AGENCY USE ONLY:

<input type="checkbox"/> APPROVED Date: _____ Account No.: _____ Total MetroCare Water Amount: \$ _____ Total MetroCare Heat/Energy Amount: \$ _____ Customer Contribution Amount (Y/N) \$ _____	<input type="checkbox"/> DENIED (See Below) Date: _____ <input type="checkbox"/> Funds Not Available <input type="checkbox"/> Income Too High <input type="checkbox"/> Already Received Assistance <input type="checkbox"/> Other _____
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* **Water Conservation Program Amount Invoiced to DPU:** \$ _____

Agency Name: _____ Address: _____ Phone: () _____
 City: _____ ZIP: _____
 Prepared By: (*Print and Sign Name*) _____

FORMS DISTRIBUTION: *Original held by Agency. Copy sent with Monthly Financial Report.*