

Ukiah C.A.R.E.S.

"City Assistance for Relief through Energy Support"

TEMPORARY EMERGENCY ASSISTANCE

Call 468-9577 to pre-qualify and RETURN FORM TO:
 Salvation Army Office 714 S. State St., Ukiah, CA 95482

Single Family Program
 This is not an entitlement program

| APPLICATION INFORMATION** Please type or print** | | How did you find out about the program? | | |
|--|--------------------|---|-------|----------|
| 1) Name - As it appears on your bill | Social Security # | Account # | | |
| 2) Home Address - Do NOT use P.O. Box | Apt/Unit # | City | State | Zip Code |
| 3) Mailing Address - if different from above address | | City | State | Zip Code |
| 4) Home Phone | Work/Message Phone | Total # in Household | | |

THIS ASSISTANCE APPLIES TO CITY OF UKIAH ELECTRIC CHARGES ONLY
THE NON-ELECTRIC PORTION OF YOUR UTILITY BILL MUST BE PAID PRIOR TO RECEIVING THIS BENEFIT
 Proof of Income and copy of City Electric Bill must accompany this application

OFFICE USE ONLY

TOTAL MONTHLY "GROSS" PAY \$ _____
 *Should be less than or equal to 200% of FPIG per total # in household

Total Amt of Bill \$ _____ Amt Non-Electric \$ _____ Amt of Benefit \$ _____ Amt Available \$ _____

Appointment Date _____ Begin Date _____ End Date _____ Case Worker _____

Qualified ___ Denied ___ Reason _____

Required Documentation attached: Identification _____
 Utility Bill/Late Notice _____ Applicable Invoices _____ Non-Electric Portion Paid Receipt _____

EMERGENCY ASSISTANCE PROGRAM QUALIFICATIONS - guidelines available upon request

- * As a result of income and assets, applicant must be unable to pay his/her electric bill in installments
- * An energy emergency must be present and a plan to pay future energy bills must be completed
- * Verified total household income must meet 200% of the Federal Poverty Income Guidelines
- * Applicant must NOT be residing in subsidized housing - Section 8; HUD; RCHDC; CDC; FmHA
- * Applicant possess insufficient cash assets

PLEASE READ CAREFULLY AND SIGN BELOW

I understand that I must include in my report of household income all money (including cash assets) and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, for all people who live in my home which they have received or expect to receive during the calendar year. This includes (but is not limited to) Wages and Commissions; Child/Spousal Support; Interest, Dividends Business or Rental Income; Support from family/friends; Cash Gifts, Loans; Lottery Winnings; Tax Refunds and Money from Insurance Policies or Legal Settlements; Social Security; Retirement, Veterans Disability or Unemployment Benefits and Workers Compensation; AFDC; SSI; SSP; Cash Public Assistance.

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the State of California. I understand that the Salvation Army and/or City of Ukiah reserves the right to request verification of continued economic need at any time, and I will notify Salvation Army and/or City of Ukiah of any changes that affect my eligibility. I understand that this information may be shared with my other energy utility, if applicable.

X

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| Customer Signature | Date | 03PA:CARES applications.xls |
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