

METERED UTILITY VERIFICATION FORM

*This form is required when LROs are paying more than \$100 from a **past due balance**, and the metered utility bill or shut off notice does not clearly identify the one-month billed amount and the billing period. This form must be completed in its entirety by the LRO providing services, as all information is required for each utility payment made with Emergency Food and Shelter Program funds. Metered utility assistance includes gas, electric and water for individuals or households. An individual utility bill must be attached along with a copy of the proof of payment to this form to verify eligibility of expenditures. Failure to provide complete, required information will result in a compliance exception.*

Client Information (required):

Client Name: _____

Customer Account Number: _____

Client Address: _____
(complete street address)

(city/state/zip)

Utility Payment Type:

Electric

Gas

Water

The amount(s) being paid by the agency is for:

Current month's utilities

Past due utilities

The amount being paid is for the period(s) of

(mm/dd/yyyy-mm/dd/yyyy)

Due Date

(month/date/year)

Amount

| | | |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

The total amount being paid by this agency: \$ _____

Note: The amount paid for each billing period cannot exceed one month's billing, and the payment being made by this agency must be entirely past due and is part of the total amount owed at the time of payment.

Beginning in Phase 39, LROs may pay up to 90 days (3 months) for clients per phase if it is necessary to prevent disconnection of services. EFSP guidelines allow for the payment of utility assistance up to 10 calendar days before the due date. No deposits, late fees or other service fees are eligible.

Agency/LRO Use:

Because the above information was not clearly stated on the attached bill, the information has been verified with the utility company.

Verified on (month/day/year): _____

Verified with (name of utility company): _____

Verified by (name of utility company staff): _____

Name of LRO staff conducting verification: _____

Signature of LRO staff conducting verification: _____