



Utility Assistance Application Form

Head of household	Sex (M/F)	D.O.B	Income

Name of Dependents	Sex (M/F)	D.O.B

Energy supplier _____ Account# _____

Account holder _____

Applicant signature _____ Date _____

Date review _____ by _____

Approved Denied

Please attach copies of ID, proof of income, and billing statement of Energy Company.