

BUILDERS OF PROVIDENCE

Application for Rent or Utility Relief Assistance

This form is for individuals or families who are experiencing financial hardship and require assistance with rent or utility bills. Please complete the information below to apply for temporary relief.

*Please note that no more than \$500 will be allotted to any one individual or family.

Applicant Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Household Information

Total Number of People in Household: _____

Names and Ages of Household Members:

Current Monthly Household Income:

- Source(s) of Income (check all that apply):

- Employment

- Government Assistance (e.g., SNAP, SSI, unemployment)

- Child Support

- Other (please specify): _____

Amount: _____ per month

Current Employment Status (check one):

- Employed

- Unemployed

- Self-employed

- Other (please specify): _____

Assistance Request

Type of Assistance Requested:

- Rent Assistance

- [] Utility Assistance (Gas, Electric, Water, etc.)

Name of Landlord/Utility Company: _____

Account Number (if applicable): _____

Amount Due: \$ _____

Due Date: _____

Financial Hardship Explanation

Please briefly describe your current financial situation and why you need assistance. Include any recent changes in your circumstances, such as job loss, illness, or other emergencies:

Documentation Required

Please attach the following documents to support your application:

- A copy of your most recent utility bill or rent statement
- Proof of income (e.g., pay stubs, government assistance letter, unemployment benefits)
- A valid photo ID (e.g., driver's license or state-issued ID)
- Any other documentation that may help clarify your need for assistance (optional)

Certification and Signature

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false information may result in disqualification from assistance programs. I authorize the review of my application for eligibility and agree to provide any additional information if needed.

Signature of Applicant: _____

Date: _____

For Office Use Only

- Application Received: _____

- Eligibility Verified: _____

- Amount Approved: _____

- Date of Assistance: _____

****Note:**** Applications will be processed on a first-come, first-served basis, and assistance is subject to availability of funds. If you have any questions or need help filling out this form, please contact us at [Phone Number] or [Email Address].

*Please email all applications to info@buildersofprovidence.org