

# Sulphur Springs Valley Community Empowerment Fund



## Application

Date:

Address:

Name:

City, State, ZIP:

Email:

Phone Number:

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Utility Information:    Electric    Gas    Water

Utility Provider Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Are you currently behind on payments?    Yes    No

Do you have a disconnect notice?    Yes    No

(If yes, date of disconnect: \_\_\_\_\_)

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Brief explanation of financial hardship:

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Applicant Declaration:

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any false statements or omissions may result in the denial of assistance, civil or even criminal liability. I agree to provide additional documentation if requested.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only:

- Date Received: \_\_\_\_\_
- Application Approved?  Yes  No
- Amount Approved: \_\_\_\_\_
- Reviewed By: \_\_\_\_\_
- Case #: \_\_\_\_\_
- Additional Comments: