



## Request for Emergency Utility Assistance

Applications Received Wednesdays 9:00am-12:00pm  
Please allow 2-3 business days - Assistance is not guaranteed

Today's Date: \_\_\_\_\_ Prior Assistance Request/Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Length of time at current address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employment status: \_\_\_\_\_ Monthly Pay: \_\_\_\_\_

Amount requested: \_\_\_\_\_ Date funds are needed: \_\_\_\_\_

Reason funds are needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list who else lives with you, e.g., spouse, children, roommate: \_\_\_\_\_

\_\_\_\_\_

What other organizations have you requested funds from? \_\_\_\_\_

\_\_\_\_\_