



Neighborhood & Revitalization Section

Planning & Community Development Department
9875 N. 85th Avenue
Peoria, AZ 85345
PH—623-773-7667
Fax—623-773-7233

Utility Payment Assistance Program

Dear Peoria Resident:

Thank you for your interest in the City's Utility Payment Assistance Program. This program is designed to assist eligible Peoria residents with utility payments such as gas, electric and water. The Utility Payment Assistance Program receives funding from the Federal government; therefore, all requested information must be provided in order for applications to be considered. Incomplete applications will be returned.

To prevent delays in the application process, please return the attached application along with copies of the following:

Most Current Utility Bill

Proof of Citizenship

- See list of acceptable documents attached

Proof of income such as:

- Copies of two consecutive months of pay stubs (most recent).
- Most Recent Federal Tax Return
- Social Security Award Letter
- Copy of record of child support and/or alimony received or payable, if applicable.
- Any other income including assistance through the Department of Economic Security (DES).
Please provide a case number if applicable.

If you have questions regarding this application, please contact our Neighborhood Improvement Specialist at 623-773-7667.



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



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Utility Payment Assistance Program Application for Assistance

For office use only	Case #:									
Applicant Information			Co-Applicant Information (if applicable)							
Full name			Full name							
Social Security #		Birth date	Social Security #		Birth date					
Home address			Home address							
City	State	Zip	Yrs. at address	City	State	Zip	Yrs. at address			
Home phone #		Work phone #	Cell phone #	Home phone #		Work phone #	Cell phone #			
Current employer			Hire date			Current employer		Hire date		
Are you the owner of the address listed above <input type="checkbox"/> Yes <input type="checkbox"/> No										
Monthly Gross Income	Applicant		Co-Occupant		Occupant	Occupant		Occupant		
Wages, Salary	\$		\$		\$		\$		\$	
Social Security										
SSI										
Retirement/Pension										
Disability Income										
Veteran's Admin.										
DES Cash Assistance										
DES Food Stamps										
Alimony/Child support										
Other										
Total annual income from above sources	\$		\$		\$		\$		\$	
Female Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No									
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elderly (62+)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	





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Total number of persons living in household: _____

What circumstances caused you to become delinquent with your utility bill payments? (Use back of form if necessary.)

Three horizontal lines for writing the answer to the question above.

EMPLOYMENT INFORMATION

Applicant

Employer Job Title Phone Number

Address City, Zip Wage Hrs. per wk. Start date

Gross monthly income: \$ _____ How are you paid? [] Weekly [] Bi-weekly [] Monthly

Additional Employment Job Title Wage Hrs. per wk. Start date

Previous Employer Job Title Length of employment

Co-Applicant

Employer Job Title Phone Number

Address City, Zip Wage Hrs. per wk. Start date

Gross monthly income: \$ _____ How are you paid? [] Weekly [] Bi-weekly [] Monthly

Additional Employment Job Title Wage Hrs. per wk. Start date

Previous Employer Job Title Length of employment



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Utility Payment Assistance Program

Home Occupant Information

The City of Peoria collects occupant information so we may ensure that our programs benefit all Peoria residents regardless of race, gender, physical ability or sexual orientation. This information will not affect your eligibility in any way. For each occupant of the home, use the following code for race:

Race codes

- American Indian or Alaskan Native = 1
American Indian or Alaskan Native & Black or African American = 2
American Indian or Alaskan Native & white = 3
Asian = 4
Asian & white = 5
Black or African American = 6
Black or African American & white = 7
Native Hawaiian or other Pacific Islander = 8
Other multi racial = 9
White = 10

Table with 6 columns: Name (List yourself first), Social Security Number, Relationship to you, Birth date, Race code from above, Hispanic Heritage? (Yes/No). The table contains 8 empty rows for data entry.



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CONFLICT OF INTEREST STATEMENT FOR HUD ASSISTED PROGRAMS

Per U.S. Department of Housing and Urban Development (HUD) regulations 24 CFR §92.356 and 24 CFR §570.611, no employee, agent, consultant, officer, or elected or appointed official of the recipient, or of any designated public agencies, or of sub recipients having any functions or responsibilities related to activities assisted with Community Development Block Grant (CDBG), HOME Investment Partnership Program (HOME) or American Dream Down payment Initiative (ADDI) funds may benefit from an assisted activity. For purposes of the Maricopa HOME Consortium, of which the City of Peoria is a member, this requirement also extends to immediate family members of individuals defined above.

Exceptions may be granted on a case by case basis by HUD upon written request of the recipient and after certain disclosures are made public. Any conflicts noted will be investigated and resolved in accordance with HUD regulations.

- I hereby certify that I **do not** have (nor does anyone in my immediate family have) any relations to or business with any employee, agent, consultant, officer, or elected or appointed official of the City of Peoria or the organization which is providing the assistance I am receiving.
- I hereby certify that I **do** (or someone in my immediate family **does**) have relations to or business with an employee, agent, consultant, officer, or elected or appointed official of the City of Peoria or the organization which is providing the assistance I am receiving. Please list the name(s) of the person(s) involved in the potential conflict of interest and please state the nature of your relationship and/or business interest with the person(s). Further information will be required and a separate meeting will be set up to discuss the disclosure of any potential conflicts of interest.

 Applicant's Name (please print or type)

 Co-Applicant's Name (please print or type)

 Applicant's Signature

 Date

 Co-Applicant's Signature

 Date



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APPLICANT INITIAL SCREENING CRITERIA

1. Have you ever received financial assistance from the City of Peoria? Yes No
 (e.g., emergency home rehabilitation or utility assistance)

If yes, please describe: _____

2. List other names you have used in the past or are currently using, including maiden and/or married names:

3. List other Social Security numbers you have used in the past or are currently using:

4. Have you ever committed an illegal act related to the consumption of utilities or services (e.g. illegal connections to utility services, tampering with water or utility meters, etc.) Yes No

If yes, please describe: _____

5. Are you currently a Public Housing or Section 8 (Housing Choice Voucher) participant? Yes No

6. If approved, will utility assistance provide for the continuation of all services? Yes No

If no, please explain: _____

7. Are you, or anyone residing in the residence, a convicted felon who is incarcerated or has not had his or her civil rights restored?

Please write your answer as yes or no: _____

8. Are you, or anyone residing in the residence, registered or required to register as a level two or level three sex offender under Arizona Revised Status, Title 13, Chapter 38, Article 3?

Please write your answer as yes or no: _____



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FOR OFFICE USE ONLY

Income Data:

Very Low (30%)	
Low (50%)	
Moderate (80%)	
TOTAL	

Other Data:

Female Headed Household	
Elderly (Age 62 or older)	
Handicapped/Disabled	