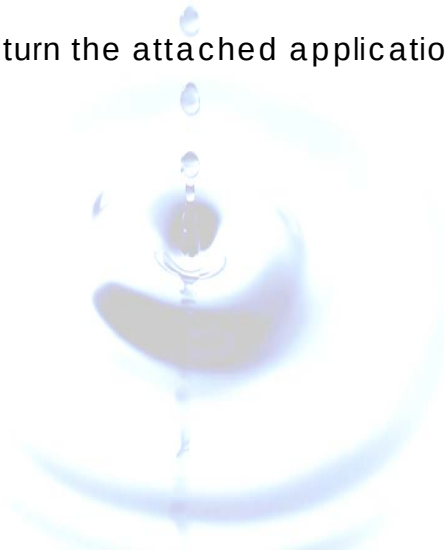
Neighborhood Services Division
Community Development Department
9875 N. 85th Avenue
Peoria, AZ 85345
(623) 773-7667
www.neighborhoods@peoriaaz.gov

Utility Payment Assistance Program

Dear Peoria Resident:

Thank you for your interest in our Utility Payment Assistance Program.
This program is designed to assist eligible Peoria residents with utility payments.
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 income such as:

☐ Previous Month's Pay Stubs
☐ Most Recent Federal Tax Return
☐ Social Security Award Letter
☐ Child Support Documents
☐ 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.

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Utility Payment Assistance Program
APPLICATION FOR ASSISTANCE

All requested information must be provided for the application to be considered. Incomplete applications will be returned.

Name:_____Phone Number_____

Other Number_____

Street Address: _____Zip:_____

List the name, age and income for each family member currently living at this residence. Use back of form if necessary.

	NAME	AGE	INCOME*	FEMALE HEAD OF HOUSE-HOLD?	DISABLED?	ELDERLY? 62+
Applicant				Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Occupant					Yes ☐ No ☐	Yes ☐ No ☐
Occupant					Yes ☐ No ☐	Yes ☐ No ☐
Occupant					Yes ☐ No ☐	Yes ☐ No ☐
Occupant					Yes ☐ No ☐	Yes ☐ No ☐

*Total annual household income from above sources: $_____

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?)

_____

_____

_____

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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 subrecipients having any functions or responsibilities related to activities assisted with Community Development Block Grant (CDBG), HOME Investment Partnership Program (HOME) or American Dream Downpayment 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)

_____ _____
Applicant's Signature Date

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Application Certification

I certify that the above statements are true and correct. I understand that if any information is found to be untrue, I will forfeit my right to participate in this Aqua Program and will be subject to repayment of any monies spent by the City of Peoria on my behalf.

_____ _____
Applicant Signature Date

_____
Date Submitted

I understand that this program receives funding from the federal government, and that it is a federal crime punishable by fine, imprisonment, or both, to knowingly make false statements concerning any of the facts applicable to receiving assistance as specified under the provisions of Title 18, United States Code, Section 1014.

_____ _____
Applicant or Legal Guardian Signature Date

PLEASE ATTACH COPIES OF INCOME VERIFICATION TO THIS APPLICATION (PAYCHECK STUBS, SOCIAL SECURITY AWARD LETTERS, ETC.) THIS MUST BE PROVIDED FOR YOUR APPLICATION TO BE CONSIDERED.

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In the box listed below, indicate the race category that best describes each occupant and list the number of occupants that are Hispanic/Latino.

Race and Ethnicity Data:

Race Category	Total Occupants	Hispanic / Latino
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
Asian and White		
Black or African American and White		
American Indian or Alaska Native and Black or African American		
Balance/Other		
TOTAL		

FOR OFFICE USE ONLY:

Income Data:

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

Other Data

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