

# COVID-19 Utility Assistance Intake Application

Electric

Water

Gas

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**Head of Household**

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

First & Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ 2<sup>nd</sup> Phone Number \_\_\_\_\_

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**How has COVID-19 impacted you? Please check all that apply.**

\_\_\_\_ Tested Positive

\_\_\_\_ Quarantined

\_\_\_\_ Lost Job

\_\_\_\_ Hospitalized

\_\_\_\_ Job Closing

\_\_\_\_ Child's School Closing

\_\_\_\_ Layoff

\_\_\_\_ Child sick with COVID-19

\_\_\_\_ Other Please explain: \_\_\_\_\_

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**Personal Information. Please check all that apply.**

**Homeless:** \_\_\_\_ YES \_\_\_\_ NO      **Gender:** \_\_\_\_ Female \_\_\_\_ Male      **Age:** \_\_\_\_\_

**Race or Ethnicity:** \_\_\_\_ White \_\_\_\_ Hispanic, Latino, Spanish \_\_\_\_ Black or African American

\_\_\_\_ American Indian or Alaska Native \_\_\_\_ Middle Eastern or North African

\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_ Asian \_\_\_\_\_ Other

**Marital Status:** \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Domestic Partner

**Military Status:** \_\_\_\_ Active Duty \_\_\_\_ Retired \_\_\_\_ Reservist \_\_\_\_ Veteran \_\_\_\_ Not Applicable

**Employment:** \_\_\_\_ Employed Full-Time \_\_\_\_ Employed Part-Time \_\_\_\_ Working Multiple Jobs

\_\_\_\_ Self-Employed \_\_\_\_ Retired \_\_\_\_ Unable to Work due to a Disability \_\_\_\_ Unemployed

**Government Benefits:** \_\_\_\_ Disability \_\_\_\_ Social Security \_\_\_\_ Veteran Benefits \_\_\_\_ Unemployment

\_\_\_\_ SNAP (food stamps) \_\_\_\_ WIC \_\_\_\_ TANF \_\_\_\_ Medicaid/Sooner Care

\_\_\_\_ Medicare \_\_\_\_ Not Applicable

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**Members of Household Information:** Please list each additional resident for the household listed on application. If needing to list additional family members please list on another sheet of paper and attach to application.

First Name	Last Name	Date of Birth	Gender Identity	Race or Ethnicity	Relationship to Head of Household
1.					
2.					
3.					
4.					
5.					
6.					

**Gross Income for Household:** Please circle household size and income of your household.

Household Size	Annual	Monthly	Weekly
1	\$32,350.00	\$2,695.00	\$622.00
2	\$36,950.00	\$3,079.00	\$710.00
3	\$41,550.00	\$3,462.00	\$799.00
4	\$46,150.00	\$3,845.00	\$887.00
5	\$49,850.00	\$4,154.00	\$958.00
6	\$53,550.00	\$4,462.00	\$1,029.00
7	\$57,250.00	\$4,770.00	\$1,100.00

Each additional family Member add.....	+ \$4,600.00	+ \$383.00	+ \$88.00
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By signing below, you acknowledge that all information provided on this application is true and correct. By signing you understand and grant Operation C.A.R.E. Ministries Inc. and the CDBG-CV to use and share your information. Any assistance provided through this program is determined on a case-by-case basis.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**For Volunteer Office Use Only below:**

\_\_\_\_ Utility Bill Attached    \_\_\_\_ Covid Documents  
 \_\_\_\_ Rent Document Attached    \_\_\_\_ Verified By

**For C.D.D. USE ONLY BELOW:**

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Verified by: \_\_\_\_\_

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