

Medical or Unexpected Financial Event

Utility Assistance Request

- Note: It can take as long as **72 hours** for us to process a payment application before notifying you or the utility of the decision to help.

Name: _____

Date: _____

Energy Type: ☐ Electric ☐ NW Natural Gas

All criteria below must be met to qualify:

- ☐ A medical and/or unexpected event has occurred in the last 90 days (please bring proof).
Please explain: _____

- ☐ How has this medical or unexpected event caused you a financial burden to not be able to make payments on your utility? _____

- ☐ A payment has been made to the utility company in the last **90 days** by you. Date: ____/____/____.

- ☐ The account must be in shut off status. Shut off date: ____/____/____.

Past due amount: \$ _____

Amount you have to contribute to the past due: \$ _____

I understand that if there is a balance on my account which exceeds the amount of assistance I am eligible for, that balance must be paid before assistance can be applied to my utility account. _____
(initials)

I am certifying that I do not have access to the funds to pay the past due amount on my account. _____
(initials)

By signing this form I agree that the above information is true.

Client signature

Date

Office Use Only

Date Staffed: _____

Approved Amount \$ _____

☐ Denied - reason: _____

Monthly Budget

Name: _____ Date: _____

Income:

Employment (Gross): _____

Employment (Net): _____

Unemployment: _____

TANF: _____

Social Security: _____

SSDI: _____

SSI: _____

Pension: _____

Child Support: _____

VA Benefits: _____

Tribal Benefits: _____

Stocks/Bonds/Trusts: _____

Other: _____

Total Income: _____

Non-Cash Benefits:

SNAP/Food Stamps: _____

WIC: _____

Expenses:

Rent/Mortgage: _____

Electricity: _____

Natural Gas: _____

Water/Sewer: _____

Garbage: _____

Phone: _____

Cable/TV/Streaming: _____

Internet: _____

Child Support: _____

Day Care: _____

Car Insurance: _____

Food (after SNAP): _____

Cigarettes/Alcohol: _____

Medical/Prescriptions: _____

Storage Unit: _____

Credit Cards: _____

Court Fees: _____

Other: _____

Total Expenses: _____

