

# Medical/Unexpected Event Energy Assistance Request

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- **Note: It could 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 (documentation may be required for 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. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

The account must be in shut off status. Shut off date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

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. \_\_\_\_\_

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

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

Office Use Only

Date Staffed: \_\_\_\_\_

Approved Amount \$ \_\_\_\_\_

Denied

# Monthly Budget

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

## Income

Employment, Gross: \_\_\_\_\_

Employment, Net: \_\_\_\_\_

Unemployment: \_\_\_\_\_

    \$/Hour \_\_\_\_\_

    Hrs/Week \_\_\_\_\_

    \$/Week \_\_\_\_\_

    \$/Wk x 52 \_\_\_\_\_

    Annual/12 \_\_\_\_\_

TANF: \_\_\_\_\_

WIC: \_\_\_\_\_

SSI: \_\_\_\_\_

SSDI: \_\_\_\_\_

Social Security: \_\_\_\_\_

Pension: \_\_\_\_\_

Child Support: \_\_\_\_\_

Veterans Benefits: \_\_\_\_\_

Tribal Benefits: \_\_\_\_\_

Stocks/Bonds/Trusts: \_\_\_\_\_

Food Stamps: \_\_\_\_\_

Other: \_\_\_\_\_

**Total Income Resources:** \_\_\_\_\_

**Minus Total Expenses:** \_\_\_\_\_

**Equals Spend-able Income:** \_\_\_\_\_

## Expenses

Rent: \_\_\_\_\_

Electricity: \_\_\_\_\_ Energy Assistance paid? Y or N

    \$ \_\_\_\_\_

Natural Gas: \_\_\_\_\_ Energy Assistance paid? Y or N

    \$ \_\_\_\_\_

Water/Sewer: \_\_\_\_\_

Garbage: \_\_\_\_\_

Child Support: \_\_\_\_\_

Day Care: \_\_\_\_\_

Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Car Insurance: \_\_\_\_\_

Car Payment: \_\_\_\_\_

Car Repairs: \_\_\_\_\_

Gasoline: \_\_\_\_\_

Public Transportation: \_\_\_\_\_

Food Stamps Spent: \_\_\_\_\_

After Food stamps: \_\_\_\_\_

Clothing: \_\_\_\_\_

Cigs/ Alcohol: \_\_\_\_\_

Cable TV/ Internet: \_\_\_\_\_

(Health or life) Insurance Premium: \_\_\_\_\_

Medical/ Prescriptions: \_\_\_\_\_

Storage Unit: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Savings: \_\_\_\_\_

Court Fees: \_\_\_\_\_

Probation Fees: \_\_\_\_\_

**OTHER:** \_\_\_\_\_

