

**WESTCHESTER RESIDENTIAL OPPORTUNITIES
INTERAGENCY UTILITY ASSISTANCE INTAKE FORM**

Agency _____

Date: _____ Date of Birth: _____ DSS Number: _____

Name _____ Soc. Sec. #: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Ethnicity: Caucasian _____ African American _____ Hispanic _____ Asian _____

American Indian _____ Other _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Spouse's Name: _____

Number of children in household: _____

Ages and sex: _____

Number of Adults in Household (including yourself): _____

Total Gross Family Income

_____ Under \$10,000 _____ \$10,000--\$15,000 _____ \$15,000--\$20,000

_____ \$20,000--\$25,000 _____ \$25,000--\$30,000 _____ Over \$30,000

Employer: _____ Job Title: _____

Income Sources/Amounts:

Employment: _____ Pension: _____

Unemployment: _____ Food Stamps: _____

Public Assistance: _____ WC Benefits: _____

Child Support: _____ Alimony: _____

SSI/SSD Benefits: _____ Other: _____

Housing Information

Size of unit: _____ Room _____ Monthly Utility Bill _____ Received Heap _____

_____ 1 Bdrm # of months owed _____ Date _____

_____ 2 Bdrm Monthly Rent/Mtge _____ Received Emergency _____

_____ 3 Bdrm Total amount owed _____ Heap _____

_____ 4 Bdrm Amount you can pay _____ Date rec'd _____

_____ Other How long there _____

Have you received a shut off notice? _____

First time in arrears? : _____ (If no, how often?): _____

Do you owe utilities? : Electric amount owed: _____ Telephone amount owed: _____

How will you pay your utilities after being helped? _____

Is your apartment subsidized? _____ By What Agency? _____

Please write a brief explanation of how and why you fell in arrears:

Referred by: _____ Telephone: _____

Other agencies contacted for assistance: DSS denial is required

Name

Amount

By signing this application, applicant authorizes this agency to contact other agencies to verify eligibility.

Signature of Applicant

Signature of Worker

MONTHLY BUDGET

HOUSEHOLD INCOME:

Gross Income (Monthly) \$ _____

Net Income (After taxes and other Deductions): \$ _____

Sources of Income:

Wages \$ _____

Unemployment \$ _____

Veterans Benefits \$ _____

Public Assistance/TANF \$ _____

Food Stamps \$ _____

Child Support \$ _____

Alimony/ Palimony \$ _____

Other (Please Specify) \$ _____

Total Household Monthly Income \$ _____

MONTHLY EXPENSES:

Rent/Mortgage/Maintenance \$ _____

Utilities (average monthly bill) \$ _____

Telephone (average monthly bill) \$ _____

Food \$ _____

Transportation (work) \$ _____

Car Expense (loan payment) \$ _____

Insurance \$ _____

Child Support (paid) \$ _____

Child Care Cost \$ _____

Paid TV (Cable etc)/Internet \$ _____

Loan(s) Payments \$ _____

Credit Cards Payment(s) \$ _____

Laundry \$ _____

Other Expenses (Please List) \$ _____

Total Monthly Expenses \$ _____

EMERGENCY FOOD & SHELTER PROGRAM CHECKLIST
FORMS required for Utility Assistance

Please provide all listed documents below that apply to you for consideration of utility assistance.

- Completed application**
- Dept. of Social Services denial letter**
- Dept. of Social Services guarantee letter**
- Current Con Edison Turn off notice or overdue oil bill**
- Proof of income for everyone in the household and /or Child support. SSI, SSD**
- Copy of medical note (if applicable)**
- Proof of medical expenses (if applicable)**
- Proof of other funds if required**
(Copy of customers portion to assist with paying arrears)

- HEAP application:** _____ **Yes** _____ **NO**