

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Emergency Rental Assistance Program
UTILITIES ONLY APPLICATION**

*Questions with a * are required
to be answered.*

APPLICANT INFORMATION

First Name*: _____

Middle Name: _____

Last Name*: _____

Date of Birth*: _____

Address Line 1*: _____

Address Line 2: _____

City*: _____ **State*:** _____

ZIP Code*: _____ **County*:** _____

Preferred Method of Contact*:

Phone Email

Phone Number*: _____

See page 8 for EOE/ADA disclosures

Email Address*: _____

Preferred Language*: _____

APPLICANT BACKGROUND AND INCOME

What is your race?*

- American Indian**
- Alaska Native**
- Asian**
- Black or African American**
- Native Hawaiian or Other Pacific Islander**
- White**
- Choose not to respond**

What is your ethnicity?*

- Hispanic or Latino**
- Not Hispanic or Latino**
- Choose not to respond**

As what gender do you identify?*

- Female**
- Male**
- Choose not to respond**

How many people live in your household

(including children)?* _____

What is your household's total annual gross income (before taxes and deductions)?*

HOUSING DETAILS

For these questions, your household includes you and all adults living with you.

Do you rent your home?* **Yes** **No**

Has anyone in your household been financially impacted by the COVID-19 public health crisis?* **Yes** **No**

If yes, describe how you have been financially impacted by COVID-19?*

Is anyone in your household at risk of being homeless or having unstable housing? (*For example, do you owe back rent or have an overdue utility bill? Or do you live in unsafe or unhealthy conditions?*)* **Yes** **No**

To the best of my knowledge, I have not applied or received assistance from another utility assistance program for the exact same expenses being requested on this application.* **Yes**

UTILITIES

Do you owe back utilities for any month?* **Yes** **No**
Utilities arrears can include taxes and late fees.

Utility	Provider Name	Account #	Month & Year	Amount

Would you like to apply for future utility assistance?*

Yes No

Utility	Provider Name	Account #	Estimated Bill Amount

DOCUMENTS

Please include the following documents with your application. Utility bills must be provided only if applying for assistance with that utility.

Photo ID of Primary Applicant

Electricity Bill

Gas Bill

Water, Sewer, and Garbage Bill(s)

AFFIRMATION

I certify, under penalty of perjury, that all information submitted in this application is true and correct to the best of my knowledge. I further certify that all documents I have provided are genuine, and I have not intentionally withheld or altered any information that might be relevant to my eligibility for this program.

I also certify that I rent my residence, and I do not own it.

I authorize DES to share the information I have provided in this application as necessary to verify my eligibility for this program. I further authorize DES to provide my information to DES' partner organizations that may be able to provide further assistance with my utility bill.

I authorize my utilities providers to share my account information with DES as needed for distribution of the funds I applied for under this program.

I understand that DES may investigate and contact any sources necessary to review the accuracy of the information that pertains to my eligibility for this program. If I intentionally hide, alter, or provide false information in order to obtain ERAP benefits that I am not entitled to, I may be subject to criminal prosecution, fines, imprisonment, or other penalties provided for by state and federal laws.

I understand that if I receive funds under this program by mistake or that I or my utilities providers are no longer owed, I am required to return the funds.

I understand that I may not receive more than 18 months of total rental and utility assistance. This includes any Emergency Rental Assistance Program funds that were distributed for rent and/or utilities.

Signature: _____

Date: _____

Please submit this form and all required documentation to (*Please include fax cover sheet*):

Fax: (602) 612-8282 (*Preferred*)

Or mail to:

Department of Economic Security

Emergency Rental Assistance

PO Box 19130

Phoenix, AZ 85009-9998

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1 • Disponible en español en línea o en la oficina local