

**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 7 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 annual household income?*

Has anyone in your household been unemployed for 90 days or longer?*

- Yes**
- No**

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 impacted by COVID-19?* **Yes** **No**

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 that all information submitted in this application is true and accurate. I also certify that I rent my residence, and do not own it. I authorize DES to share my information as needed to verify my eligibility. I further authorize my utility providers to share my utility account information with DES, and I agree that my utility provider and its agents will not be legally responsible in any fashion for any consequence of such disclosure of my information to DES. This authorization will be effective for twelve months.

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