

UTILITIES ONLY APPLICATION

APPLICANT INFORMATION

First Name*: _____ Middle Name: _____ Last Name*: _____

Date of Birth*: _____ Social Security Number (Optional): _____

Address Line 1*: _____

Address Line 2: _____

City*: _____ State*: _____ ZIP Code*: _____ County*: _____

Preferred Method of Contact*: Phone Email

Phone Number*: _____ 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

What is your ethnicity?*

Hispanic or Latino Not Hispanic or Latino Choose not to respond

As what gender do you identify?* _____

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

Or mail to:
 Department of Economic Security
 Emergency Rental Assistance
 PO Box 19130
 PHOENIX, AZ 85009-9998