



THE CITY OF
CRANDALL
TEXAS

P.O. Box 277
Crandall, TX 75114
972-427-3771

Application for Utility Assistance Fund

Instructions: Please complete all sections. Indicate N/A if not applicable. Return to "Attn: Utility Assistance Fund" at the above. Failure to return your application promptly may result in an additional payment being necessary to qualify. Please print all responses below.

Applicant Name: _____ Telephone Day: _____

Service Address: _____ Telephone Evening: _____

Social Security: _____ Birth Date: _____ Sex: _____ Race: _____

Texas Driver License or ID: _____ A copy of the current water/sewer bill must be attached

Water/Wastewater Account #: _____ Current amount of bill: \$ _____

Low Income Disabled (Proof of disability must accompany application.)	Senior Citizen (60+) (Photo ID must accompany this application)	Other Low Income
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Service must be in the name of the applicant. A copy of the birth certificate or Social Security card for each household member must be attached. Proof of total household income must accompany all applications.

Number of people living the household (including yourself):

Are any household members employed by the City of Crandall? YES NO

NAMES	BIRTHDATE	SOCIAL SECURITY #

DIVORCE VERIFICATION

I, _____, acknowledge that I have been divorced for _____ months/yrs. I receive \$ _____ from _____, at Tel. # _____.

UNEMPLOYMENT SUPPORT VERIFICATION

I, _____, acknowledge that I have been unemployed since _____, and that I am receiving \$ _____ per month from _____ to help me meet living expenses. My last employer was _____, at Tel # _____. I am unemployed because _____

INCOME VERIFICATION Employed ____ Self-Employed ____ Not Employed ____ Retired ____
 Company Name/Employer _____ Address _____
 I, _____, acknowledge that I have been employed since _____ as a _____.
 My income is \$ _____ per month, and I will verify this with an accountant's statement, 1040, or check stub.

Income Sources (money / wages / salary / other income)		Verification
Gross Monthly income	\$ _____	Check Stubs
Dividends & Interest	\$ _____	
Welfare Payments	\$ _____	SS Award Letter
Pensions & Annuities	\$ _____	
Unemployment Compensation	\$ _____	Notarized Letter
Other (_____)	\$ _____	
Workman's Compensation	\$ _____	AFDC 3087
Total Monthly Income	\$ _____	
Less all medical bills not reimbursed by Insurance or Medicaid (elderly and disabled only)	\$ _____	1040 Forms
Total : \$ _____		
		W-2 Forms
		Other (specify)
Comments: _____		

I am familiar with all of the facts stated in this document and they are true and correct. Making false statements on this government record is subject to criminal prosecution under Chapter 37 of the Texas Penal Code. I certify that this application contains no false statements. I understand I may reapply for this benefit six (6) months after the initial Utility Assistance Fund payment is posted to my water/wastewater account.

 Signature – Applicant or Authorized Representative

 Date

 Witness

 Intake Location Code

DO NOT MAKE ENTRIES BELOW THIS LINE. For CITY OF CRANDALL USE ONLY.

Eligibility Determined ___/___/___ Approved by: _____
 Initial Award \$ _____. _____ Category: Disabled Senior Citizen Other