



UTILITIES ASSISTANCE PROGRAM APPLICATION

Elder Services

AGENCY USE ONLY
Date Stamp

How to apply

Fill out the application below and send it to administration department for The City of Ashburn. Applications can be mailed, faxed or dropped off in person.

Eligibility is based on availability of funds, eligibility criteria, and having resources at or below \$1,700 a month.

Contact the City of Ashburn City Hall at 229-567-3431 or the Southern Georgia Regional Commission Area on Aging at 1-888-73-AGING / 1-888-732-4464 if you have questions or need assistance.

Contact Information

Fill in your name and current home address. If possible, please list a phone or message number so we can contact you if we have questions. This will help avoid delays as we review your application. **USE BLUE OR BLACK INK.**

Applicant's
Name

First	MI	Last	Jr/Sr etc.
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Residence
Address

City	State	Zip Code	Telephone
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Mailing
Address

(If different from Residence)

City	State	Zip Code	Telephone
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Caregiver's
Name

First	MI	Last	Jr/Sr etc.
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Residence
Address

City	State	Zip Code	Telephone
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Mailing
Address

(If different from Residence)

City	State	Zip Code	Telephone
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Household Members

List every person living in your household, starting with yourself. Fill in each box for every household member. If there are additional people living in your home than the space provided list them on a separate sheet of paper.

Household Member	Date of Birth	Relationship to You	Sex M/F	*Race (Optional)	Ethnicity Hispanic or Latino (Optional) YES/NO	US Citizen or Eligible Alien YES/NO	Disabled? YES/NO
		SELF					

***Race: Choose one or more numbers that apply and enter above for Race:** 1 – American Indian/Alaskan Native, 2 – Asian, 3 – Black/African America, 4 –Hawaiian/Pacific Islander, 5 – White/Caucasian and 6 - Unreported

Is anyone in your household (check all that apply):

- Elderly (60+) Receiving Disability and Receiving Services thru the Division of Aging and Adult Services

Income

- Fill in the section below to show all gross earned and unearned income anyone in your household receives from any source even if someone has more than one source. (Gross income is income received **before** taxes or other deductions). **This includes all income that has ended in the last 30 days.**
- Send copies of papers that show all gross income received by anyone **last month** such as paystubs, letter from the source of the income, etc.
- **Earned Income** includes: wages from all jobs, self-employment, tips, payments for services. Other types are Armed Forces Pay (Taxable), Net-Self Employment, Severance, Veteran Affairs (VA) Caregiver Stipend Program, Wages, Salaries Tips.
- **Unearned Income includes:** Social Security, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Adoption Payments, Foster Care Payments, Alimony and Spousal Support, Child Support, Unemployment Compensation, Veterans Benefits, Pensions, Unemployment Insurance, Disability Payments, Dividends, Educational Assistance, Pensions.

Household Member	Sources of Income	How Often Received?	Gross Pay/Income Last Month	Still Employed?
			\$	
			\$	
			\$	

Did anyone in the household get income from self-employment last month? Yes No

CIVIL RIGHTS

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.

RIGHTS AND RESPONSIBILITIES

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to my best knowledge and belief.

I give my authorization for the City of Ashburn to release information regarding utility usage/service and bill payment for the last twelve months to the Southern Georgia Regional Commission Area Agency on Aging.

*Signature Applicant

Witness

Date

*Signature Caregiver (If applicable)

Witness

Date

***If the applicant is unable to sign his/her name, he/she must enter an "X" on the signature line in the presence of a witness. The witness must sign his name where indicated above.**

Authorized Representative

Worker Signature

Date

Application is filled out, signed and dated

Agency Use Only	
Document actions completed and the services which were provided to meet the needs of the family, including referrals to other agencies.	
Approved	Denied
Vendor: <u>Southern Georgia Regional Commission</u> Payment Amount: \$ <u></u>	Date Sent <u></u> Date Sent <u></u> Reason: <u></u>

