

OFFICE USE ONLY

Applicant's Name: _____ Date Received: _____

Approved: _____ Denied: _____ MesaCAN Initials: _____

Utility Assistance Application

INSTRUCTIONS

1. Has anyone in your Household received utility or rent/mortgage assistance in the last 12 months?
 - a. If no, then continue to step 2
 - b. **If yes, please know that you must wait at least 90 days before requesting additional assistance. If it has been more than 90 days since you have been assisted, you may reapply but assistance is not guaranteed.**
Please continue to step 2.
2. **Provide legible copies of all required documentation (see next page).**
Your application must be submitted with all required documents. If you are missing any documents or signatures, a case manager will contact you and allow you 3 business days to complete your application. If the case manager is not able to successfully complete your application, the case may be denied.
3. **Fill out all forms attached.** The applicant must sign ALL forms but do not date.
Please DO NOT date any of the forms
4. Drop off, email, fax, or mail the completed application packet to:
A New Leaf- MesaCAN
635 E Broadway Road, Mesa, AZ 85204
Phone: 480-833-9200 Fax: 480-833-9292
Mesacanclient@turnanewleaf.org

Please be advised that it may take up to 10 business days to review



DOCUMENTS REQUIRED FOR UTILITY ASSISTANCE

**All documents must be submitted with application
to be considered for services**

1. PICTURE I.D. FOR APPLICANT

2. PROOF OF CITIZENSHIP FOR APPLICANT, and/or eligible household member –

any of the following forms are acceptable: birth certificate, passport, C.I.B., military discharge paperwork or DD-2 form, certificate of live birth, recent Social Security Income award letter, recent DES nutrition or cash assistance award letter with name and date of birth. If born outside of the US, please provide proof of legal permanent resident status or US citizenship. *Social security cards are not proof of citizenship.*

3. SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS, or legal document stating the name and social security number; social security award letter, DES print out, or income tax forms are acceptable.

4. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS – for the last 30 days

this includes; paychecks, current benefit award letters, unemployment, child support, school financial aid, and any other source of income from employment, self-employment or benefits.

Zero income statement is required for household members 18+ without income

Bank statements are not acceptable proof of income

5. UTILITY BILLS (Electric, gas, water)– Copy of the most recent utility bill, disconnection notice, deposit letter, or M-POWER account receipt

Household Information Form

Do you or any household member meet any of the following criteria? Please select all that apply:

Utility services disconnected <input type="checkbox"/>	Elderly (60+) <input type="checkbox"/>	Disabled <input type="checkbox"/>	Child age 6 and Under <input type="checkbox"/>
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Applicant Name: _____ **Phone Number:** _____

Address: _____ **Email:** _____

What is the primary language in your household? _____

Living Arrangement: (Please Circle) House / Mobile / Apartment / Other **Housing type:** (Please Circle) Rents / Owns / subsidized / No pay / Homeless

Food Stamps (SNAP) Yes No **Food Stamps (SNAP) Case Number** _____ **Date in County:** _____

Cash Assistance (TANF) Yes No **If yes, Monthly Benefit \$** _____ **Court Order Child Support:** Yes No

Are either you or a member of your family an A New Leaf employee? Yes No

If yes, name of employee: _____

Utilities:

SRP Account number: _____ **Status:** Shut Off Delinquency/Disconnect Notice Payment Current

City of Mesa Account number: _____ **Status:** Shut Off Delinquency/Disconnect Notice Payment Current

SWG Account number: _____ **Status:** Shut Off Delinquency/Disconnect Notice Payment Current

Other (please specify): _____ **Status:** Shut Off Delinquency/Disconnect Notice Payment Current

Household Health Insurance Type (Please select one):

Type:	AHCCCS	KIDCARE	Medicare	VA	Employment Base Insurance
	Private	Tribal	NONE		
Provider Name:					

(please add first name of household member, if more than one insurance type)

Please list all Household Members – Start with applicant

Name	Date of Birth	Relationship to Applicant	Social Security Number	Gender	Race	Hispanic/Latino (Y/N)	Education level	Veteran (Y/N)	Marital status	Home bound (Y/N)	Disabled (Y/N)	Health insurance (Y/N)	Place Of Birth:
		Applicant		M F									
				M F									
				M F									
				M F									
				M F									
				M F									

Additional household member information can be continued on back

INCOME INFORMATION				
Last 30 days				
Income by HH Member Name	Income Source (Name and Phone #)	Frequency (Monthly, Bi-weekly, Weekly,)	Date Received	Gross Amount Received (Before Deductions)
				\$
				\$
				\$
				\$

Income Information Notes: _____

Please document crisis here: _____

The information provided above DOES NOT determine eligibility or financial assistance; this form is used solely to gather information

PAYMENT INFORMATION

PLEASE PRINT LEGIBLY

APPLICANT'S NAME *(Last, First MI)*

APPLICANTS SOCIAL SECURITY #

Account #	Voucher #	Vendor Code	Vendor Name	Billing Name	Service Code	Fund Source	Amount	Categorical Eligibility Yes/No	Need Guarantee Yes/No
							\$		
							\$		
							\$		
							\$		
							\$		

VENDOR/PAYEE NAME (check to be issued to):	VENDOR/PAYEE MAILING ADDRESS (No., Street, Apt. #, City, State, ZIP):	Actual Mo. Rent/Mortgage	EIN No.
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Has the household received STCS services in the prior 12 months? Y/N If yes, what agency:

Approved Denied

APPLICANT'S STATEMENT OF TRUTH

Under penalty of perjury and acknowledged by my signature below, I swear or affirm that the statements made in this application regarding the persons in my home, and the income, resources, property and all other items that pertain to my possible eligibility for services are true and correct to the best of my knowledge.

Bajo pena de perjurio y reconocido por mi firma abajo, juro o afirmo que las declaraciones hechas en esta solicitud con respecto a las personas en mi hogar y los ingresos, recursos, propiedad y todos los demás elementos que pertenecen a mi posible elegibilidad para los servicios son verdaderas y correctas a mi leal saber y entender.

RELEASE OF INFORMATION

I authorize the Department of Economic Security and/or delegate agency to contact any source necessary to establish the accuracy of the information given by me. Further, I authorize any landlord, mortgage, or utility company, to which payment of credit on my behalf may be made, to release information regarding my account including, but not limited to, billing information to State of Arizona and/or its contract designee. I understand that Arizona Department of Economic Security may use information provided on this form for purposes of research, evaluation and analysis.

Autorizo al Departamento de Seguridad Económica y / o agencia delegada a contactar cualquier fuente necesaria para establecer la exactitud de la información proporcionada por mí. Además, autorizo a cualquier arrendador, hipotecario o compañía de servicios públicos, a la que se pueda realizar el pago de crédito en mi nombre, a proporcionar información relacionada con mi cuenta, incluida, entre otras, la información de facturación al estado de Arizona y / o la persona designada por el contrato. Entiendo que el Departamento de Seguridad Económica de Arizona puede utilizar la información proporcionada en este formulario para fines de investigación, evaluación y análisis.

APPLICANT'S SIGNATURE	DATE
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WORKER'S STATEMENT

I have interviewed the applicant and have explained his/her right to the appeals process. I have advised the applicant of any penalties for misrepresentation and/or Fraud. I have completed my investigation of the applicant's eligibility as required by program rules, guidelines, & regulations.

WORKER'S SIGNATURE	DATE
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UTILITY INFORMATION RELEASE AUTHORIZATION FORM

Arizona Public Service

UniSource Energy Services

Salt River Project

Southwest Gas

Tucson Electric Power

Other

By signing this form, I authorize the above named utility provider(s) (indicated by box checked) to release my historical and future utility bills, account information (such as but not limited to name, service address, account number, balance, payment history) and other information concerning or related to energy consumption and costs to any and all of the agencies/persons listed on this form ("Authorized Parties"). This release is granted in connection with my household's request for and/or receipt of assistance from the community agency listed below.

I understand and agree that the utility information released may be compiled and analyzed (both on an individual household and combined basis) by one or more of the Authorized Parties. I further understand and agree that the utility information released, as well as any statistical or other analysis may be released by the Authorized Parties to a third party for reporting purposes related to assistance received, and no information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I further agree to release and hold harmless the above named utility provider(s) from: (i) any claims, damages, liability or expenses resulting from the use or disclosure of information based on this Authorization; (ii) the unauthorized use or disclosure of the information by any of the Authorized Parties; and (iii) any actions taken by any of the Authorized Parties based on this Authorization.

Authorized Parties:

Community Agency:

Name of agency determining assistance A New Leaf - MesaCAN

Wildfire (Arizona Community Action Association) Arizona Department of Housing. Community Arizona Department of Economic Security Development and Revitalization Division

Signature of Account Holder/Customer of Record: _____

Print Account Holder/Customer of Record: _____

Signature of Joint Account Holder/Customer of Record: _____

Print Joint Account Holder/Customer of Record: _____

Service Address: _____

Account Number: _____

Date: _____

AFFIDAVIT THAT DOCUMENT(S) IS/ARE TRUE

I, _____, swear or affirm, under penalty of
Printed or typed name

perjury, that the document(s) presented by me to prove U.S. citizenship, U.S. national, or alien status are true.

Signature of applicant _____
Date

DOCUMENT(S) PRESENTED (*circle the document(s) presented; Original or Copy*):

A Birth Certificate showing birth in U.S. or Territories or possessions	Certificate of Birth issued by Dept of State (FS-545, or DPS-1350)	Certificate of U.S. Citizenship (N-560, N-561)	Amended U.S. Public Birth Record
U.S. Passport	Legal records showing applicant's name and place of birth in the U.S., Territories or Possessions	Identification Card for use of Resident Citizen (I-179)	Official notification of birth registration from a U.S. State's Dept. of vital Statistics
U.S. Citizen Identification Card I-197	Verification from Vital Records Office sent directly to agency	Certificates of Live Birth signed by a hospital official AND parent	Affidavit Attesting Citizenship completed by a U.S. Citizen that is not a hh member
U.S. Consular Officer's Statement	Current SSI or SSD Award letter	Verification from the Social Security Administration, e.g. award letter	Medicare Card
A current decision letter or system printout from ADES/FAA demonstrating eligibility for Food Stamp or Cash Assistance Programs	AHCCCS Award Letter	Foster Care assistance verification under title IV-8 of the Social Security Act (for children only)	Verification of Adoption subsidies (for children only)
Report of Birth Abroad (FS 240) issued by the U.S. State Department	Medical records	Certificate of Naturalization (N-550, N-570)	Statement signed by the physician or midwife who was in attendance at the time of birth
Verification from USCIS	Alien Registration Receipt Card (I-151)	Religious record	Early School records showing child's date and place of birth
State census records	U.S. Census record	Proof of employment as U.S. Civil Servant prior to 6/1/1976	DHS Verification Information System (VIS) response validating U.S. Citizenship
American Indian Census Record	Marriage certificate showing marriage to a male U.S. citizen before 9/22/1922	Adoption finalization papers	Tribal census records for Navajo or Seneca tribes
Resident Alien Card (I-551)	Military Papers	Life, health or other insurance records	The roll of Alaska Natives from the Bureau of Indian Affairs
A Tribal enrollment card or Certificate of Indian Blood	Northern Mariana ID (I-873)	I-94 form	I-194 Card
American Indian Card (I-872 with classification code KIC)			

Equal Opportunity Employer/Program •Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any her reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further formation about this policy, contact 602-542-3882; TTY/TDD Services: 7-1-1.



CLIENT RIGHTS

A New Leaf shall ensure that a client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights

Each client must be afforded the following basic rights:

1. To be treated with dignity, respect, and consideration.
2. To have one's needs met in a professional and ethical manner
3. Not to be discriminated against based on race, color, national origin, religion, gender, sexual orientation, age, disability, or marital status.
4. To receive service that:
 - a. Supports and respects the client's individuality, culture, choices, strengths, and financial goals.
 - b. Supports the client's personal liberty.
5. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights.
6. To submit grievances to A New Leaf, MesaCAN staff members and complaints to outside entities and other individuals without constraint or retaliation:
 - a. To have grievances considered by A New Leaf, MesaCAN (Here-in thereafter referred to as Agency) in a fair, timely, and impartial manner.
 - b. To dispute the amount of assistance for which their circumstances qualify as Department of Economic Security and other funding allows.
7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense.
8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.
 - a. To participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in financial decisions and in the development and periodic review and revision of the client's written financial plan.
 - b. To control the client's own finances except as provided by A.R.S. § 36-507 (5).
9. To have the client's information and records kept confidential from release except in the case of court order, emergencies, or as otherwise required or permitted by law.
10. To privacy during financial counseling, including the right not to be photographed or recorded without general consent, except for temporary video recordings used for security purposes that are maintained only on a temporary basis, unless a release has been signed.
11. To review, upon written request, the client's own financial record during the Agency's hours of operation or at a time agreed upon by the program director.

Client Name / nombre de cliente

Client Signature / firma de cliente

Date/ fecha