



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 may have exhausted all available funds and 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

Mesaclient@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 printout, 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

Electronic copies can be emailed to: Mesacanclient@turnanewleaf.org

Household Information Form

Utility Assistance Application

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

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

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: _____

Household Health Insurance Type (Please select one): Please add first name of household member, if more than one insurance type

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

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

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: _____

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

Reason for requesting assistance (crisis): _____

Would you like to be referred to any other A New Leaf / MesaCAN service? Please circle the ones you are interested in

Financial Wellness (1:1 strategy on budgeting, debt, building credit, savings)	Assets To Independence (Match savings for Education / small business)	Economic Development (Small business entrepreneurship resources, technical assistance & workshops)
Workforce (Job search, resume development, Interview Techniques)	Weatherization (Home energy repair/replacement for low-income homeowners)	Behavioral Health (Counseling, case management, medication management)

Please circle the number in each section that best describes your current household situation

Applicant Name: _____

FINANCIAL LITERACY

1. No knowledge or awareness of financial knowledge/management
2. Minimal awareness of financial knowledge/management and no skill
3. Limited awareness of financial knowledge/management – no savings to address emergencies
4. Limited awareness of financial knowledge/management with limited savings to address emergencies
5. Awareness of financial knowledge/management with savings to address emergencies/maintenance
6. Awareness of financial knowledge/management with savings to address emergencies/maintenance and has a developed budget
7. Practicing financial management strategies to address emergencies/maintenance and following a budget
8. Practicing financial management strategies to address emergencies/maintenance and addressing long term planning
9. Practicing financial management strategies to ensure up to 3 months of savings is available to address living expenses, emergencies, maintenance
10. Practicing financial management strategies and more than 3 months of savings is available to address living expenses, emergencies, maintenance, and other assets exist

Please circle the number in each section that best describes your current household situation

Applicant Name: _____

FOOD

1. Household has no food and no means to store/prepare it
2. Household has no food
3. Relies to a significant degree on other sources of free or low-cost food. Unaware of available food subsidies, i.e. food stamps, WIC, etc.
4. Household relies only on food stamps or other regular food subsidy to meet basic needs, i.e. WIC, Senior Brown Bag etc.
5. Household is on food stamps and with income able to meet basic food needs but requires occasional assistance
6. Household is on food stamps and with income able to meet basic food needs
7. Household is not on food stamps and with income is able to meet basic food needs with occasional food assistance
8. Can meet basic food needs without assistance
9. Can meet all food needs without any type of assistance
10. Can choose to purchase any food household desires

TRANSPORTATION

1. Transportation, public or private, is not available
2. Transportation is available but all three of the following categories apply: Unreliable / Inaccessible / Unaffordable
3. Transportation is available and one of the following categories apply: Reliable / Affordable / Accessible
4. Transportation is available and two of the following categories apply: Reliable / Affordable / Accessible
5. Transportation is available to meet basic needs but may require intermittent or one-time assistance and all of the following categories apply: Reliable / Affordable / Accessible
6. Transportation is available to meet basic needs and all of the following categories apply: Reliable / Affordable / Accessible
7. Transportation is available to meet all needs and one of the following categories apply: Reliable / Affordable / Accessible
8. Transportation is available to meet all needs and two of the following categories apply: Reliable / Affordable / Accessible
9. Transportation is available to meet all needs and all of the following categories apply: Reliable / Affordable / Accessible
10. Transportation is available, household has alternative methods of transportation or multiple vehicles and all of the following categories apply: Reliable / Affordable / Accessible

Please circle the number in each section that best describes your current household situation

Applicant Name: _____

CHILD OR OTHER DEPENDENT CARE

1. Childcare public or private, is not available
2. Childcare is available but all three of the following categories apply: Unreliable / Inaccessible / Unaffordable
3. Childcare is available and one of the following categories apply: Reliable / Affordable / Accessible
4. Childcare is available and two of the following categories apply: Reliable / Affordable / Accessible
5. Childcare is available But may require intermittent or one time assistance to meet basic needs and all of the following categories apply: Reliable / Affordable / Accessible
6. Childcare is available to meet basic needs and all of the following categories apply: Reliable / Affordable / Accessible
7. Childcare is available to meet all needs and one of the following categories apply: Reliable / Affordable / Accessible
8. Childcare is available to meet all needs and two of the following categories apply: Reliable / Affordable / Accessible
9. Childcare is available to meet all needs and all of the following categories apply: Reliable / Affordable / Accessible
10. Childcare is available, household has multiple options for childcare and all of the following categories apply: Reliable / Affordable / Accessible

EMPLOYMENT

1. Unable to work due to severe disability, mental illness, medical condition, etc.
2. Unemployed with limited ability to work due to physical disability, mental illness, medical condition, etc.
3. Unemployed with limited job skills and/or poor work history
4. Unemployed with job skills and/or good work history
5. Underemployed (less than 32 hours per week) with no benefits, limited job skills, and/or poor work history
6. Underemployed (less than 32 hours per week) with some benefits with limited job skills and/or good work history
7. Employed (32 or more hours per week) with no benefits with adequate job skills and/or good work history
8. Employed (32 or more hours per week) with some benefits with adequate job skills and/or good work history
9. Fully employed (40 or more hours a week) with full benefits with good job skills, work history, and opportunities for advancement
10. Fully employed (40 or more hours a week) with full benefits in a field of choice with good job skills, work history, and opportunities for advancement

Please circle the number in each section that best describes your current household situation

Applicant Name: _____

ADULT EDUCATION / TRAINING

1. Less than 8th grade education, no GED, and learning disabled, literacy problems, or language barriers
2. Completed 8th grade, no GED, no high school diploma
3. Completed some high school, limited reading and writing ability, no diploma or GED
4. Completed some high school or pursuing GED
5. GED
6. High School Diploma
7. Some college credit and/or vocational training but not completed or actively pursuing
8. Enrolled and actively pursuing the completion of college, vocational training/certification program
9. Completed AA or vocational/certification program
10. Bachelor's or advanced degree

HOUSING

1. Homeless sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation (car, tent, alley, park, street). Living in a shelter designated to provide temporary living arrangement
2. Threatened with eviction /foreclosure or eminent exit of transitional housing
3. Housed and none or one of the following apply: Safe / Affordable / Marginally adequate
4. Housed and two of the following apply: Safe / Affordable / Marginally Adequate
5. Housed but may require intermittent or one-time assistance and all of the following apply: Safe / Affordable / Marginally Adequate
6. Housed and all the following apply: Safe / Affordable / Marginally Adequate
7. Housed and all the following apply: Safe / Affordable / Adequate
8. Housed (unsubsidized) and all the following apply: Safe / Affordable / Adequate
9. Housing of choice (unsubsidized), including all of the following: Safe / Affordable / More than adequate
10. Home ownership, including all the following: Safe / Affordable / More than adequate

Please circle the number in each section that best describes your current household situation

Applicant Name: _____

HEALTHCARE

1. No medical insurance coverage with immediate unmet health issues and no means to fill needed prescriptions
2. No medical insurance coverage, has health issues, and no means to fill needed prescriptions
3. No medical insurance coverage, has health issues, would need ongoing assistance with any needed prescriptions
4. No medical insurance coverage, have no health issues
5. Some household members are covered by Federal/State insurance programs
6. Entire household covered by Federal/State medical insurance programs
7. Entire household covered by private insurance, but co-pays are sometimes unaffordable and may require I time or intermittent assistance
8. Entire household covered by private insurance and able to obtain medical care when needed, but unexpected events may strain budget
9. Affordable private medical insurance coverage with low or affordable co-pays and deductibles
10. Affordable private medical, dental, vision, and prescription insurance coverage with low or affordable co-pays and deductibles

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