

Benton Utilities Share Program

Application Instructions: **ALL questions must be answered in order for the application to be considered.**

Submit the application for review by the 15th of each month to:

In person – 114 S. East Street Benton, AR ; Fax: 501-776-5918

Or Mail Benton Utilities Share Program 1827 Dale Ave. Benton, AR 72015

- Approved applications will result in funds being applied directly to the utility bill.
- A letter will be sent via postal mail regarding approved applications.

Circle your answer:

YES NO Did you opt out of the Share Program? If yes, you are **NOT** eligible to apply.

YES NO Are you currently working at a paid job?

YES NO Are you receiving disability payments?

YES NO Do you receive financial assistance such as food stamps, WIC, Medicaid etc.?

YES NO Do you receive Section 8 Public Housing Assistance?

YES NO Have you received utility assistance in the last 12 months from any source?

CADC, Share Program, Churches, etc.

\$ _____ How much do you currently owe on your utility bill?

\$ _____ How much of your bill can you pay?

\$ _____ How much Financial Assistance are you requesting from the Share Program?

\$ _____ List your total household income for the month.

If applicable identify the amount for each one and include in total above.

_____ Child Support _____ Social Security _____ Disability
_____ Interest _____ Supplemental Security Income (SSI)

Circle all the reasons why you need help paying your bill.

Illness Disability Unemployment Death Other: (list) _____

A written statement is required on page 2 of this form to explain all relevant details which may help the committee members understand your needs including any other efforts you are making to pay your utility bill.

Who lives at your address: List everyone including yourself. Please print. Use the back page if necessary.

(If not working, list reason why under Name of Employer)

<u>AGE</u>	<u>First Name</u>	<u>Last Name</u>	<u>Name of Employer</u>	<u>Dates of Employment</u>
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____

The information in this application is true to the best of my knowledge. I understand false statements may disqualify my application. I give permission for the Share Program Board members to view my personal account information from Benton Utilities.

Signature: _____ **Date:** _____

Printed Name of Applicant: _____

Address: _____ Zip: _____

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Who lives at your address: List everyone including yourself. Please Print.

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