



Tempe Community Action Agency
2146 E. Apache Blvd
Tempe, AZ 85281
Tel. 480-422-8922 Fax 480-361-0176

Attention: Tempe and Fountain Hills Residents

UTILITY ASSISTANCE PROCESS

Income eligible Tempe and Fountain Hills residents can apply for financial help with electricity, including M-Power and gas bills. Clients are eligible once every 12 months.

Your **first step** is to call Tempe Community Action Agency on Thursday morning at 8:00 am for an appointment. Hot Line 480-389-1375

Your **first step** is to call Tempe Community Action Agency Thursday morning at 8:00 am for utility prescreen and eligibility determination.

If eligible, your next **step** is to bring all required documents and your completed application to the TCAA office. **You Must Come In Person** on:

Friday between 1:00 pm - 3:00pm

You must provide us with a working phone and message phone numbers.

Complete and eligible applications will be processed within seven (7) business days. We will call you to return and sign your affidavit of United States Citizenship and your application. After you have signed your documents, a guarantee will be sent to your utility company and your application will be forwarded for payment.

Please refer to the attached checklist to assemble your documents.
Thank you for your cooperation.



TCAA is committed to a policy of non-discrimination on the basis of race, gender, religion, sexual orientation, disability, handicap, age, national origin, marital status, or any other protected group status. This policy applies to employees, applicants for employment, clients and prospective clients, and contractors. Please call 480-350-5880 (voice) or 7-1-1 (TTY) to request.

LIST OF DOCUMENTS

You must provide these at the time you apply for utility assistance. Incomplete applications cannot be processed. This program does not reimburse bills that have already been paid. You must have a past due bill (except M-Power).

- **US Birth Certificate, certificate of naturalization, US Passport or Permanent Residence Card for the adult applicant.**
- **Social Security cards for ALL household members**
 - Or, from DES, a current Household Benefits Summary or print out from Social Security Office for each household member. **These must show social security numbers for everyone living in your household.**
- **Proof of income for ALL household members for the last 30 days. See below.**

BRING ALL THAT APPLY

- Verification of all social security benefits, award letters for 2018.
- Pay stubs in the time period counting back 30 days from the day you hand in your Application to TCAA.
- Child support with your atlas number listed.
- Unemployment 'Weekly Claims Information' print out from www.azui.com for 30 days previous to the day you hand in the application to TCAA.
- If Self Employed:
 - Journal or ledger including name, phone number, and amount paid by all your customers in the last 60 days.
- If starting new employment:
 - Statement from your employer stating start date, rate of pay, number of hours you are scheduled to work and pay date schedule.
- If there has been NO HOUSEHOLD INCOME in the past 30 days:
 - Bank statement if surviving on savings and statement from your last employer stating last day worked and reason; date last pay was issued; gross amount and any vacation and sick pay received
 - AND**
 - A survival statement or letters from friends or relatives who are providing you with assistance to pay any of your bills.
 - **Most recent** Arizona Public Services, Salt River Project and/or Southwest Gas bill - all pages of the bill(s) are required. SRP M-Power clients bring recent receipt with account number or last 30 days payment history.



PLEASE READ— this form must be completed. Please check the lines or boxes that apply to you. TCAA staff will accept your application when you present all the required documents. Your application will be processed within 7 business days. Staff will call you when it is completed. If you are at risk for shut off or low on M-Power, it is your responsibility to contact and update your utility company.

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Gender: _____Male _____Female

Current Address: _____

Mailing Address: _____

City: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Some utility funding sources require verification of the applicant's lawful presence. Any household member 18 years and older may present documents verifying his/her U.S. citizenship.

IS ANYONE IN THE HOUSEHOLD A VETERAN? NAME(S) _____
OR IN ACTIVE DUTY? NAME(S) _____

Are you: _____Homebound _____Handicapped _____Have Health Insurance _____U.S. Born, Naturalized or Legal Resident

Ethnicity: Are you Hispanic or Latino? _____ Yes _____No

Race: _____African American _____Asian _____Native American _____Native Hawaiian/Pacific Islander _____White
_____Mixed Race _____Other

Marital Status: _____Married _____Separated _____Never Married _____Divorced _____Widowed

Your language is _____English _____Spanish with English _____Spanish without English _____Native American
with English _____Native American without English Other Language _____

Living Arrangement/Dwelling: _____House _____Mobile Home _____Apartment _____N/A _____Other

Family Type:

- ☐ Single Parent/ Female
- ☐ Single Parent/ Male
- ☐ Two Parent household
- ☐ Single person
- ☐ Two adults(no minor children)
- ☐ Other

Housing Type:

- _____ Rent
- _____ Own
- _____ Homeless
- _____ Other

Are you living in Section 8 or subsidized housing? _____ Yes _____ No

Are you receiving SNAP (Food Stamp) benefits? _____ Yes _____ No

If you have children, have you applied for Child Support Payments through DES? _____Yes _____ No

What is your Atlas Number? _____



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

Name of Household Member with Income	List name of source of income (Employer, DES cash, Unemployment Ins. etc.)	Phone Number (employer)	Frequency (weekly, monthly, bi-weekly)	Day of week income received (Mon., Tues, etc.)	Total <u>Gross</u> Income In last 30 days

I certify that I have truthfully completed this questionnaire and give permission to the Tempe Community Action Agency designated staff to verify all information, including prior assistance from other agencies.

Applicant's Signature

Today's Date

E-mail_____

NOTES:

First and Last Name	Social Security Number	Gender	Date of Birth	Race (See number below)	Education K to 8 th , 9 th to 12 th GED or College	Home bound	Handi capped	Health Ins.
1. Applicant		M F						Y N
2.		M F				Y N	Y N	Y N
3.		M F				Y N	Y N	Y N
4.		M F				Y N	Y N	Y N
5.		M F				Y N	Y N	Y N
6.		M F				Y N	Y N	Y N
7.		M F				Y N	Y N	Y N
8.		M F				Y N	Y N	Y N
9.		M F				Y N	Y N	Y N
10		M F				Y N	Y N	Y N

RACE:

1. Amer. Indian/Alaskan Native
2. Asian
3. Black/African Amer.
4. Native Hawaiian/Pacific Islander

5. White
6. American Indian/Alaskan Native & White
7. Asian and White

8. Black/African Amer and White
9. Amer. Indian/Alaskan/Black
10. Other Multi-Racial