Utility Assistance Self-Service Packet

INSTRUCTIONS

1. Has anyone in your Household received Utility Assistance in the prior 12 months?
   a. If no, then continue to step 2.
   b. If yes, then you must wait at least 90 days before requesting assistance again. If it has been more than 90 days since you have been assisted, you may reapply but eligibility is not guaranteed. Continue to step 2.

2. Provide legible copies of all required documentation (see next page).

3. Fill out all forms attached. The applicant must sign ALL forms but do not date. Any incomplete, unsigned or packets with missing documentation will be denied.

   **DO NOT DATE ANY OF THE FORMS**

4. Mail or Drop off the completed application packet to:

   A New Leaf MesaCAN
   635 E Broadway RD
   Mesa AZ 85204
   Phone: 480-833-9200 Fax: 480-833-9292

   AFTER YOU SUBMIT YOUR APPLICATION PACKET IT MAY TAKE UP TO 8-10 business days to REVIEW (YOU WILL RECEIVE THE APPROVAL OR INELIGIBLE LETTER BY MAIL)

   ***PLEASE MAKE ARRANGEMENTS WITH YOUR UTILITY COMPANY IF NEEDED***

   YOUR APPLICATION WILL BE DENIED IF IT IS NOT SIGNED, INCOMPLETE OR IF YOU DO NOT SEND THE REQUIRED DOCUMENTATION

Documentation Required in order to complete an application:
Please provide one from each category for EVERYONE in the household, if you have any questions please contact our office.
Proof of Income
EARNED and/or UNEARNED income will be considered in determining eligibility for services. The **gross amount** of income prior to deductions will be counted unless otherwise specified. Income will be counted as received at the time it is made available to the household.

Proof of income for the past 30 days for everyone in the household-this includes paycheck stubs, **current** benefit award letters, unemployment paperwork, child support information, school financial aid information.

Wages- Paycheck stubs
Self-Employment Income- Business Ledger
Babysitting/Child Care Income- Signed and dated statement by the person paying for the care
Housekeeper/Home health aides- Signed and dated statement by the employer
Social Security- Current benefit award letter
Unemployment Insurance- Award letter, printout of payments received
Retirement/Pension Income- Provide written verification from source
Alimony- Provide court paperwork
Child support- Provide written verification from the court or Signed and dated statement from the absent parent
Cash Assistance- Provide written statement by DES
Gambling Industry- Provide per capital disbursement verification
Contribution and Complimentary Assistance (cash) - Provide signed and dated statement

- Anyone 18 or older with **no income** will need to provide written documentation from the income source of the last date employed and last date paid, they will need to write a "0 income statement" which is a letter stating they have had no income and they must provide proof of how they have been surviving without any income

Proof of Citizenship/Residency
BIRTH CERTIFICATES FOR EVERYONE IN THE HOUSEHOLD
(If not born in the US must give proof of citizenship or legal permanent resident status) Proof of citizenship-any of the following forms are acceptable, Birth certificate, Passport, passport card, C.I.B., military discharge paperwork or DD-2form, certificate of live birth, recent Social security income award letter, recent DES nutrition or cash assistance award letter with the name and date of birth. If born outside of the u.s., please provide proof of or legal permanent resident status or U.S. citizenship. **If you have had a name change please include documentation verifying the name change i.e. Court Order, Marriage Certificate.

Picture I.D. from everyone 18 and older

**Social Security Cards** or any legal document with the name and social security number for everyone in the household

**Current Lease Agreement, Mortgage Statement or Property tax information**

**Utility bill, MPower receipt, or Utility Deposit Letter**
Application Packet Checklist

Self-Service Intake form. APPLICANT MUST SIGN BUT DO NOT DATE.

- Hardship statement. MUST BE SIGNED BY THE APPLICANT
- Affidavit Form. MUST BE SIGNED BY THE APPLICANT
- Legible copies of all documents. We must be able to see/read all the information; illegible copies will not be accepted. Originals will NOT be returned.
  - Current proof of household income
  - Proof of citizenship for everyone
  - Social Security Cards for everyone
  - Picture I.D. for everyone 18+
  - Lease Agreement, Mortgage statement or Property Tax information
  - Utility bill, MPower receipt, or Utility Deposit Letter

- Are you currently experiencing any of the following: 1. A loss of Income, 2. An unexpected or unplanned expense, 3. A condition that endangers the health or safety of the household? Please explain in detail. Please attach any supporting documentation (i.e. receipts, doctors note...etc.)

- Está pasando por alguna de las siguientes situaciones en este momento: 1. Una pérdida de ingreso, 2. Un gasto no planeado y/o inesperado, 3. Alguna condición que pone en riesgo la salud y/o bienestar del hogar? Por favor explique en detalle. Por favor agregue documentación que tenga disponible (recibos, notas del doctor...etc)
In accordance with ARS Article 1, 501-502 (House of Bill 2008) MesaCan Program Benefits shall only be provided to eligible applicants who are Citizens of the United States or Qualified Non-Citizens. We are required to report “discovered violations” of federal immigration law.

Applicant’s Name: _______________________ Social Security: ________________________

Phone Number ______________________ Message Phone ______________________

1. Are either you or a member of your family an A New Leaf employee?   No   Yes
   If yes, name of employee: ________________________________

2. What is the primary language in your household? ______________________________

3. Applicant’s Name (Last, First, M.I.) __________________________________________

4. Gender:  Male  Female  Other  Birth Date: ________________________________

5. Ethnicity:  Asian  Black  Hispanic  Native American  White  Other

6. Residential Address (No, Street, Apt No.) ________________________________
   City, State, Zip code: ________________________________

7. How many people live in your household? _______________
   a. Is there a Veteran in your household?   No   Yes   How Many _____
   b. Is there anyone disabled in your household?   No   Yes
   c. Homeless   No   Yes

8. Household Health Insurance Type:

<table>
<thead>
<tr>
<th>Type:</th>
<th>AHCCCS</th>
<th>KIDCARE</th>
<th>Medicare</th>
<th>VA</th>
<th>Employment Base Insurance</th>
</tr>
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<tbody>
<tr>
<td>Provider Name:</td>
<td>Private</td>
<td>Tribal</td>
<td>NONE</td>
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</tbody>
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(please added first name of member if household member(s) has more than one insurance type)

9. Mailing Address (if different than Residential Address) ________________________________

10. What is your housing type?  Rent  Own  Homeless  Other

11. What is your family type?  Single Parent/Female  Single Parent/Male  Two parent household
   Single Person  Two Adults (no minor children.)  Other: __________________________

12. Monthly Utility Cost__________ Do You live in Subsidized Housing  No   Yes

   Single Room Occupancy  Mobile Home/Trailer  Hotel/Motel  Other__________

14. Has the household received rental assistance in the past 12 months?  No   Yes

15. Date of arrival to the state (MM/DD/YYYY) ______ Date in County (MM/DD/YYYY) ______

16. Is there a Domestic Violence situation in the home Yes   No /A) court order child support Yes No

17. Household Income Type: for MESACAN’s staff to complete  30 DAYS MM/DD/YY Dates: / /

<table>
<thead>
<tr>
<th>HH MEMBER</th>
<th>INCOME SOURCE /NAME AND NUMBER</th>
<th>Frequency (MTHLY, WKLY)</th>
<th>Date Received (MM/DD/YY)</th>
<th>Gross Amount Received</th>
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<tbody>
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<td>1.</td>
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This Household meets which poverty guidelines:  60 SMI  /  125%  /  150%  /  200%  HH Gross 30 days: $
18. Is your household receiving SNAP benefits (food stamps)?  No  Yes
   Unemployment Benefits___________ Other________________________________________

19. Income Information Notes: __________________________________________________________

_________________________________________________________________________________

20. What is your marital status?
   __Single (Never Married)  __Married  __Divorced  __Domestic Partner  __Widowed  __Separated

   Please document crisis here: __________________________________________________________

_________________________________________________________________________________

22. Do you make utility payments  No  Yes

23. Is your utility payment Past Due, have you received a disconnect notice, or are you low on fuel
   (very little on M-Power, Propane, etc.)?  No  Yes

AUTHORITY FOR RELEASE OF INFORMATION: By signing below, I agree to participate in the Emergency
Services Network and utilize MesaCAN as my primary service agency, I authorize MesaCAN and/or delegate
agency to contact any source necessary to establish the accuracy of the information given by me and to release
or receive information contained on this form and/or in my case file.

APPLICANT’S STATEMENT OF TRUTH: Under Penalty of perjury and acknowledged by my signature below, I
SWEAR or affirm that the statement made regarding the persons in my home, and the income, resources,
property and all other items that pertain to my possible eligibility for benefits are TRUE and CORRECT to the
best of my knowledge.  Bajo penalidad de perjurio y reconocido por mi firma abajo, yo juro o afirmo que las
declaraciones hechas en cuanto a las personas en mi hogar, y los ingresos, los recursos, propiedad y todas cosas
demás que pertenecen a mi elegibilidad posible por beneficios son verdaderos y ciertas según mi leal entender y
saber.

Applicant’s Signature: ________________________________________________________________

Case Worker Signature: ______________________________________________________________

Date:

* Services funded by the Department of Economic Security and the State of Arizona
* Equal Housing Opportunity
* Governor’s Office of Housing Development
Please list all the members of the Household starting with yourself as Applicant

1. Applicant:
   - Name: ___________________________ Social Security Number: _______________________
   - Date of Birth: __________ Place of Birth: ____________________________
   - Last Grade Completed: __________ Health Insurance: □ yes □ No
   - Ethnicity: □ White □ Black □ Native American □ Hispanic □ Asian □ Other

2. Household Member 2:
   - Name: ___________________________ Social Security Number: _______________________
   - Date of Birth: __________ Place of Birth: ____________________________
   - Last Grade Completed: __________ Health Insurance: □ yes □ No
   - Ethnicity: □ White □ Black □ Native American □ Hispanic □ Asian □ Other
   - Relationship to Applicant: ____________________________

3. Household Member 3:
   - Name: ___________________________ Social Security Number: _______________________
   - Date of Birth: __________ Place of Birth: ____________________________
   - Last Grade Completed: __________ Health Insurance: □ yes □ No
   - Ethnicity: □ White □ Black □ Native American □ Hispanic □ Asian □ Other
   - Relationship to Applicant: ____________________________

4. Household Member 4:
   - Name: ___________________________ Social Security Number: _______________________
   - Date of Birth: __________ Place of Birth: ____________________________
   - Last Grade Completed: __________ Health Insurance: □ yes □ No
   - Ethnicity: □ White □ Black □ Native American □ Hispanic □ Asian □ Other
   - Relationship to Applicant: ____________________________

5. Household Member 5:
   - Name: ___________________________ Social Security Number: _______________________
   - Date of Birth: __________ Place of Birth: ____________________________
   - Last Grade Completed: __________ Health Insurance: □ yes □ No
   - Ethnicity: □ White □ Black □ Native American □ Hispanic □ Asian □ Other
   - Relationship to Applicant: ____________________________

6. Household Member 6:
   - Name: ___________________________ Social Security Number: _______________________
   - Date of Birth: __________ Place of Birth: ____________________________
   - Last Grade Completed: __________ Health Insurance: □ yes □ No
   - Ethnicity: □ White □ Black □ Native American □ Hispanic □ Asian □ Other
   - Relationship to Applicant: ____________________________

7. Household Member 7:
   - Name: ___________________________ Social Security Number: _______________________
   - Date of Birth: __________ Place of Birth: ____________________________
   - Last Grade Completed: __________ Health Insurance: □ yes □ No
   - Ethnicity: □ White □ Black □ Native American □ Hispanic □ Asian □ Other
   - Relationship to Applicant: ____________________________

*** If there are more family members please attach another sheet of paper and include the same information for each additional family member.