

CDBG PROGRAM APPLICATION

- Water Payment**
- Electricity Payment**
- Gas Payment**

- Rent**
- Mortgage**
- Other**

Referred By _____

Application No. _____

Applicant's Name _____

First

MI

Last

Jr/Sr etc.

Residence Address _____

Mailing Address _____

City

State

Zip Code

TELEPHONE

Household Member	SS #	DOB	Relationship	Race/Sex	US Citizen or Eligible Alien
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Is anyone in your household (**circle all that apply**): **Elderly (60+)**

Disabled

Disabled - Receiving Services thru DAAS

Have you lived at the address twelve (12) months or longer? Yes or No

Are the heating fuel and electric bills in your name? Yes or No

Main Heating Source (circle): Natural Gas Electricity Fuel Oil Propane Kerosene Coal Wood

(Company/ Vendor): _____

Account Number: _____

Electric Vendor: _____

Account Number: _____

Do any of these apply to you today (check all that apply)?

- Disconnected
- Past Due or Shut-Off Notice
- Out of Fuel
- Nearly Out of Fuel
- Inoperable Equipment
- Household has equipment that is still operable, but places them at imminent risk of losing their home energy services
- No Emergency

Document the applicant's statement regarding the crisis for CDBG funds.

Vendor for Crisis Payment _____

Account No. _____

HH Member	Source of Income	Income Amount	Resources (Assets)

Income eligible? Yes No

Have you applied for and received CIP and/or any other Energy assistance previously this year?

Yes No

CIVIL RIGHTS

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program

RIGHTS AND RESPONSIBILITIES

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the Crisis Intervention Program/Energy Neighbor. I understand that the information on this form may be checked by the State or federal reviewer and I agree to this review.

I give my authorization for my landlord/mortgage company and/or utility company to release information regarding energy usage and bill payment for the last twelve months to agencies associated under the Community Development Block Grant-Corona Virus(CDBG-CV) grant program.

I understand that utility companies who furnish information to Community Development Block Grant-Corona Virus(CDBG-CV) will not be held responsible for disclosed information for data purposes such as referrals, research, evaluations, and/or analysis.

I give my authorization to North Carolina Social Services to pre-screen my application for other energy assistance programs such as Crisis Intervention Program (CIP), Low Income Energy Assistance Program (LIEAP), and Work First Emergency Assistance (EA).

****Please be advised, if funds are made available for you through this program, we must be able to reach you by phone. It is our goal to process all applications within two (2) business days of receipt and someone will contact you by phone. You will then have two (2) business days to respond and claim the funds or your application will be denied and no funds will be distributed for you.****

*Signature/Applicant	Witness	Date
Signature/Worker	Authorized Representative	Date

If the applicant is unable to sign his name, he must enter an "X" on the signature line in the presence of a witness. The witness must sign his name where indicated above.

Document the services which were provided to meet the needs of the family, including referrals to other agencies.

<p>APPROVED</p> <p>Vendor _____</p> <p>Quantity/Amount of Payment \$ _____</p> <p>Yes No</p> <p>Initials _____ Date Sent _____</p> <p>Reason _____</p> <p>Referral to other resources _____</p> <p>DENIED</p> <p>Reason _____</p> <p>Initials _____ Date Sent _____</p> <p>Referral to other resources _____</p>	<p>Other comments:</p>
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