



City of Cooper City
Utility Bill Emergency Assistance Program
Application Form

City use only:
Date Received:
Received by:

Application Date: _____

Utility Account #: _____ Check one: Owner () Renter ()

Name(s) on Account: _____ If not account holder, relationship: _____

Applicant name: _____ Home Phone: _____

Address: _____ Mobile Phone: _____

Date of Birth: _____

Citizenship Status (check one): US Citizen () Legal Resident () Form of Proof: _____

Marital Status (check one): Single () Married () Divorced () Shared () Widowed ()

Spouse/Partner's Name: _____ Mobile Phone: _____

Reason for application: _____

Have there been any recent changes in the household situation? YES () NO ()

If YES, explain: _____

Does the household receive the additional Senior Homestead Exemption? YES () NO ()

Please attach TRIM notice or copy of Property Tax bill.

Do you or anyone in the household receive food stamps, SSI or Medicaid Benefits? YES () NO ()

Type of Assistance: _____ Proof/ID card: _____

Household Members: List ALL persons living with you at the above address, including adults & children.

Table with 3 columns: Name, D.O.B., Relationship. Multiple rows for listing household members.

Please list additional household members on the back of this form.

Household Income

➡ **Earned Income:** Attach copies of previous 2 years income tax returns and pay stubs for the past 60 days, for all working members of the household.

Applicant:
 Earnings: \$_____ Weekly () Bi-weekly () Monthly () Full Time () Part Time ()
 Employer's Name: _____ Supervisor name & phone: _____

Other Adults:
 Earnings: \$_____ Weekly () Bi-weekly () Monthly () Full Time () Part Time ()
 Employer's Name: _____ Supervisor name & phone: _____

Self-employment Income:
 Earnings: \$_____ Weekly () Bi-weekly () Monthly () Full Time () Part Time ()
 Name: _____ Type of business: _____

➡ **Unearned Income / Other:** Attach proof or benefit statements for all income.

Unearned Income Type	Received By	Amount	Frequency (Weekly/Bi-weekly/ Monthly/Annually)
Child Support/Alimony	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Disability Benefits	_____	_____	_____
Social Security / SSI Benefits	_____	_____	_____
Pensions or VA Benefits	_____	_____	_____
Interest / Investment / Dividends	_____	_____	_____
Other Income	_____	_____	_____

➡ **Resources held by all members of the household:** Attach all bank, checking, savings and/or investment account statements for the past 90 days.

Checking account: _____	\$ _____	_____	_____
Account holder's name	Amount	Bank Name & Location	
Checking account: _____	\$ _____	_____	_____
Account holder's name	Amount	Bank Name & Location	
Checking account: _____	\$ _____	_____	_____
Account holder's name	Amount	Bank Name & Location	
Checking account: _____	\$ _____	_____	_____
Account holder's name	Amount	Bank Name & Location	

Savings/CDs/Investments/Stocks/Bonds/Annuities/Trusts/Other:

Account Type	Account holder's name	\$ Amount	Bank Name & Location
Account Type	Account holder's name	\$ Amount	Bank Name & Location
Account Type	Account holder's name	\$ Amount	Bank Name & Location
Account Type	Account holder's name	\$ Amount	Bank Name & Location

List all cars, vehicles, RVs, motorcycles, boats currently owned or used by the household:

Monthly Expenses: Please attach copies of most recent household bills & credit card statements.

Mortgage/Rent	\$	Home Phone	\$	Car Payment	\$
Electric:	\$	Cell Phone:	\$	Insurance (Home & Auto):	\$
Water:	\$	Internet & Cable:	\$	Loan:	\$
Credit Cards:	Type: _____	Minimum Monthly Payment:	\$		
	Type _____	Minimum Monthly Payment	\$		
	Type _____	Minimum Monthly Payment	\$		
	Type _____	Minimum Monthly Payment	\$		

Does any household member assist with paying any household bills? YES () NO ()

If YES, list names of person(s) who assist, the type and amount of assistance received:

ALL FIELDS ON THIS FORM MY BE HAND WRITTEN.

Release of Confidentiality

I hereby authorize the City of Cooper City to obtain information from sources, including, but not limited to, federal or state agencies, banks and financial institutions, employer(s) and utility companies, necessary to determine my eligibility for the Utility Bill Emergency Assistance Program.

As an applicant for the Utility Bill Emergency Assistance Program, I hereby swear and affirm under the penalties of perjury that I reside at the Cooper City address listed on this application, and that all information provided on this application is true and correct. I understand and agree that this application and any other documentation obtained becomes the sole property of the City of Cooper City.

Applicant's signature

Date

Printed Name

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20 ____
by _____ who is personally known to me or
has produced _____ as identification.

NOTARY PUBLIC

My commission expires: _____

Commission number: _____

Utility Bill Assistance Program Application Checklist

The following documents **MUST** be attached to your Application. Failure to submit all items below may result in denial. Please return your Application to the City of Cooper City Utility Billing Office. After review, you will be contacted.

Note: If your application is approved, funds will be directly applied to your utilities account.

- _____ Proof of job loss (if applicable)
- _____ W-2 forms from last 2 years
- _____ Recent pay stubs (all working household members, last 2 years)
- _____ Copy of food stamp eligibility (if applicable)
- _____ Recent (3 months) bank statement (s)
- _____ TRIM notice (senior citizen Homestead Exemption, if applicable)
- _____ Valid government issued ID with current Cooper City address
- _____ Copies of other sources of income
- _____ Copies of recent monthly bills
- _____ Notarized Application

For your privacy, please return your information in an envelope.

Submit completed application to:

Utility Bill Assistance Program Review Board
Utilities Customer Service
Attn: Joanne Hooks, Customer Svc Supervisor
9090 SW 50 Place
Cooper City, FL 33328
954-434-4300 ext #242