

## Supplement to Utility Bill Assistance Program Application

The following documents must be attached to your application for assistance. Failure to submit all items below may result in denial of application.

- \_\_\_\_\_ Proof of job loss (if applicable)
- \_\_\_\_\_ Recent W-2
- \_\_\_\_\_ Recent pay stubs
- \_\_\_\_\_ Copy of food stamp eligibility
- \_\_\_\_\_ Recent (2-3 months) bank statement(s)
- \_\_\_\_\_ TRIM notice (if applicable)
- \_\_\_\_\_ Valid Florida driver's license or State I.D.
- \_\_\_\_\_ Application Notarized

Please note: If your application is approved, funds will be applied directly to your Cooper City Utilities account.

Submit completed application to:

Kathy Osborn, Recreation Supervisor  
Community Center/Senior Services  
9000 SW 50 Place  
Cooper City, FL 33328  
954-434-4300 ext. 255

## City of Cooper City Utility Bill Emergency Assistance Program

An emergency assistance program has been established to provide eligible Cooper City residents who are experiencing difficulty paying the City's utility bill on their personal residence with one time financial help, not to exceed \$200.00, to be applied directly to the overdue charges on the utility bill.

This program would benefit low-income residents who are having temporary financial difficulty due to unexpected expenses, such as illness, medical bills, or lost income, and help household avoid additional financial hardship in the form of utility shut off and reconnect fees.

Residents who apply for emergency assistance with utility bills would also be given help in the form of referrals to other appropriate social services agencies, or credit counseling services, even if they are not found eligible for the assistance program at this time.

### **Eligibility:**

In order to be eligible to apply for assistance from the program, individuals must:

- be the person responsible for the utility bill on a residence and reside at the property address
- have overdue utility charges, and in eminent risk of service shut-off due to a temporary financial hardship
- be a resident of Cooper City and a legal resident of the United States
- be willing to provide details of their personal finances, their emergency situation and of efforts made to resolve the financial difficulties
- cannot have received assistance from the Utility Bill Assistance Program within the current calendar year

### **Financial Eligibility**

To be found eligible for assistance, applicants must meet one or more of the following:

- must be qualified for and receive the extra senior citizen homestead exemption as shown on TRIM or other document from the Broward County Property Appraiser
- or qualify for the USDA Food stamp program & present a current Food Stamp ID card
- or the gross household income falls below the 130% of current published Federal poverty level, as shown by copies of income tax returns and/or current pay stubs, and all other sources of combined income received by members of the household and have limited available funds in checking, savings or other liquid assets

### **Application Process**

The application form may be obtained from the Social Services or Utility Billing Dept.  
Contact: Kathy Osborn, Recreation Supervisor, (954) 434-4300 x255

Return the complete the application as soon as possible, with copies of the requested documentation of all income, expenses, and resources for all members of the household, as outlined in the application form. If your household has had a major change in circumstances (i.e. separation, divorce or illness), you will be asked to provide proof of your current situation.

The Emergency Assistance Committee will review the application and notify you of the decision. The number of households assisted annually depends on the amount of eligible applications and the amount allocated to the Utility Bill Emergency Assistance Program fund.

# Cooper City Utility Bill Emergency Assistance Program Application Form

Utility Account # \_\_\_\_\_ For City Use Only: Date Received \_\_\_\_\_

Name on account (if different) / Relationship \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ US Citizen \_\_\_\_\_ Legal Resident \_\_\_\_\_ Proof \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Shared \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse or partner Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Reason for application \_\_\_\_\_

Have there been any recent changes in household situation? Describe \_\_\_\_\_

Does the household receive the additional Senior Homestead Exemption? Y \_\_\_\_\_ N \_\_\_\_\_  
Please attach TRIM notice or copy of Property Tax bill.

Are you or anyone in the household receiving Food Stamps, SSI or Medicaid Benefits?

Y \_\_\_\_\_ N \_\_\_\_\_ Type of Assistance \_\_\_\_\_ Proof/ ID card \_\_\_\_\_

**Household Members:** List ALL persons living with you at the above address/ Adults & Children

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship \_\_\_\_\_

Please use back of form to list additional household members if needed.

**Household Income: Earned Income:** (Please 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: Amount of earnings: \$ \_\_\_\_\_ ( ) wkly ( ) bi-wkly ( ) monthly F/T\_\_\_ P/T\_\_\_

Company name \_\_\_\_\_ Supervisor name & phone \_\_\_\_\_

Other Adults/ Earned Income: Name \_\_\_\_\_ Amount: \$ \_\_\_\_\_ ( ) wkly ( ) bi-wkly

Company name \_\_\_\_\_ Supervisor name & phone \_\_\_\_\_

Self-employment Income: Name \_\_\_\_\_ Type of business: \_\_\_\_\_

Amount of earnings: \$ \_\_\_\_\_ ( ) wkly ( ) bi-wkly ( ) monthly F/T\_\_\_ P/T \_\_\_

**Household Income: Unearned / Other:** Please attach proof or benefit statements for all income.

Child Support/ Alimony: rec. by \_\_\_\_\_ Amount \$ \_\_\_\_\_ how often \_\_\_\_\_

Unemployment Comp.: rec. by \_\_\_\_\_ Amount \$ \_\_\_\_\_ how often \_\_\_\_\_

Disability Benefits/ Pensions: rec. by \_\_\_\_\_ Amount \$ \_\_\_\_\_ ( ) monthly

Social Security/ SSI benefits: rec. by \_\_\_\_\_ Amount \$ \_\_\_\_\_ ( ) monthly

Pensions or VA Benefits: rec. by \_\_\_\_\_ Amount \$ \_\_\_\_\_ ( ) monthly

Interest/ Investment/ Dividends: rec. by \_\_\_\_\_ Amount \$ \_\_\_\_\_ how often \_\_\_\_\_

Other Income: \_\_\_\_\_ rec. by \_\_\_\_\_ Amount \$ \_\_\_\_\_ how often \_\_\_\_\_

**Resources held by all members of the household:**

(Attach all bank, checking, savings and / or investment account statements for the past 90 days)

Checking acc: Name: \_\_\_\_\_ amount \$ \_\_\_\_\_ bank name/ location: \_\_\_\_\_

Checking acc: Name: \_\_\_\_\_ amount \$ \_\_\_\_\_ bank name/ location: \_\_\_\_\_

**Savings/ CD's/ Investments/ Stocks/ Bonds/ Annuities/ Trust Funds/ Other:**

Name: \_\_\_\_\_ amount \$ \_\_\_\_\_ bank or institution name/ location: \_\_\_\_\_

Name: \_\_\_\_\_ amount \$ \_\_\_\_\_ bank or institution name/ location: \_\_\_\_\_

Name: \_\_\_\_\_ amount \$ \_\_\_\_\_ bank or institution name/ location: \_\_\_\_\_

**List all cars, vehicles, RV's, motorcycles, boats currently owned or used by the household:**

\_\_\_\_\_

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

Mortgage/ Rent \$ \_\_\_\_\_ FPL \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Cell Phone \$ \_\_\_\_\_  
 Utilities/ water \$ \_\_\_\_\_ House Ins. \_\_\_\_\_ Cable \$ \_\_\_\_\_ Internet \$ \_\_\_\_\_  
 Car payments \$ \_\_\_\_\_ Car Ins. \$ \_\_\_\_\_ Finance loans \$ \_\_\_\_\_ other \$ \_\_\_\_\_  
 Credit Cards: #1) type \_\_\_\_\_ mo. pay \$ \_\_\_\_\_ #2) type \_\_\_\_\_ mo. Pay \$ \_\_\_\_\_  
 #3) type \_\_\_\_\_ mo. pay \$ \_\_\_\_\_ #4) type \_\_\_\_\_ mo. Pay \$ \_\_\_\_\_  
 Does anyone outside the household assist with paying any household bills? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name of person/ agency \_\_\_\_\_ which bills/ amount \_\_\_\_\_ \$ \_\_\_\_\_

**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 documentation obtained becomes the sole property of the City of Cooper City.

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Printed Name

SWORN TO AND SUSCRIBED before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_  
 by \_\_\_\_\_, who is personally known to me or has produced  
 \_\_\_\_\_ as identification.

\_\_\_\_\_  
 NOTARY PUBLIC  
 My commission expires: \_\_\_\_\_  
 Commission No.: \_\_\_\_\_