

Utility Assistance Intake Form

Safety Net Program • Utility Assistance
Aging, Disability, and Veterans Services Division



Date Referral Source Name Phone Other

Applicant Name • Last First MI SSN

DOB Phone Medicaid # Gender ☐ Female ☐ Male ☐ Transgender

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Not Reported

Race (check all that apply) ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Asian
☐ Black or African American ☐ Other (specify) ☐ Not reported or Unknown

Primary language

Veteran Status Has applicant ever served in the military? ☐ YES ☐ NO

Is applicant the surviving spouse of someone who served in the military? ☐ YES ☐ NO

Is applicant in receipt of any veterans' benefits? ☐ YES ☐ NO

Secondary Applicant Name • Last First MI SSN

DOB Phone Medicaid # Gender ☐ Female ☐ Male ☐ Transgender

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Not Reported

Race (check all that apply) ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Asian
☐ Black or African American ☐ Other (specify) ☐ Not reported or Unknown

Current Address

Apt Bldg Name Address Apt# City Zip

Monthly rent \$ **Is the rent subsidized?** ☐ YES ☐ NO **How long has applicant lived at current address?**

Monthly Income **Applicant** \$ **Other household member** \$

Source **Source**

Other resources & assets \$ **Total household income** \$

Combined value of any financial asset including retirement accounts, saving bonds, mutual funds, stocks, certificates of deposit and life insurance for applicant(s)

Does applicant have rep payee? ☐ YES ☐ NO

Does applicant receive Supplemental Nutrition Assistance Program Benefits (SNAP)? ☐ YES ☐ NO

Total number in household # of children *Please specify all other household members not already listed (name/DOB/relationship to applicant)

☐ Single individual ☐ Couple ☐ Parent(s) with child(ren)

Utility Company Name **Account #**

Amount requested? \$

Required Questions for Applicant

1. Will these funds solve your current housing issue? ☐ YES ☐ NO

If response is **no**, what would solve your current housing issue?

2. Using your best guess, do you think you will need more funds or services over the next six months to stay in your home? ☐ YES ☐ NO

3. Do you feel more stable in your housing because of these funds? ☐ YES ☐ NO

Safety Net Program

Aging, Disability, and Veterans Services Division



I am requesting one-time financial assistance, and certify the foregoing statements are true and correct to the best of my knowledge. I understand that the above information may be released to agencies within the Aging, Disability & Veterans Services (ADVSD) Network, as needed, in determining eligibility and/or providing services to my family and me. I also authorize Multnomah County ADVSD to speak to my payee about financial information and utility company regarding payment information. The information provided here is subject to verification by authorized local or federal officials.

We, the undersigned, have participated in the development of this plan.

I hereby authorize the release of the above information for the purpose of evaluating my request for assistance and for further follow-up research.

Applicant Signature	Date
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Interviewer Signature	Date	Agency and/or Phone
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Please email this completed PDF (2 pages) to

ADVSD Safety Net Program

EMAIL (secure) • advsd.safetynet@multco.us