a new leaf
mesacan
COMMUNITY ACTION NETWORK

OFFICE USE ONLY
Applicant's Name: _____Date Received: _____
Approved: _____ **Denied:** _____ MesaCAN Initials: _____

Utility Assistance Application

INSTRUCTIONS

1. Has anyone in your Household received utility or rent/mortgage assistance in the last 12 months?
   a. If no, then continue to step 2
   b. **If yes, please know that you may have exhausted all available funds and assistance is NOT guaranteed. Please continue to step 2.**

2. **Provide legible copies of all required documentation (see next page).**
   Your application MUST be submitted with all required documents. If any additional document is needed a case manager will contact you and you will have 3 business days to provide the missing documentation. If the case manager is not able to successfully complete your application, the case may be denied.

3. **Fill out all forms attached**. The applicant must sign ALL forms but do NOT date.
   Please DO NOT date any of the forms
4. Drop off, email, fax, or mail the completed application packet to:

   A New Leaf- MesaCAN

   635 E Broadway Road, Mesa, AZ 85204

   Phone: 480-833-9200 Fax: 480-833-9292

   Mesacanclient@turnanewleaf.org

ALL APPLICATIONS MUST BE FILLED OUT IN BLUE OR BLACK INK

ALL DOCUMENTS MUST BE SUBMITED WITH APPLICATION

TO BE CONSIDERED FOR SERVICES.

Please be advised that it may take up to 10 business days to review

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DOCUMENTS REQUIRED FOR UTILITY ASSISTANCE

1. PICTURE I.D. FOR ALL household members 18 and over.

2. PROOF OF CITIZENSHIP FOR ALL household members –
any of the following forms are acceptable: birth certificate, passport, C.I.B., military discharge paperwork or DD-2 form, or certificate of live birth. If born outside of the US, please provide proof of legal permanent resident status or certificate of naturalization. ***Social security cards are not proof of citizenship.***

3. SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS, or legal document stating the name and social security number; social security 1099 Form, or income tax forms are acceptable.

4. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS – for the last 30 days
this includes paychecks, current benefit award letters, unemployment, child support, school financial aid, and any other source of income from employment, self-employment or benefits.

Zero income statement is required for household members 18+ without income

Bank statements are not acceptable proof of income

5. UTILITY BILLS (Electric, gas, water)– Copy of the most recent utility bill, disconnection notice, deposit letter, or M-POWER account receipt

6. CURRENT RENTAL LEASE AGREEMENT OR MORTGAGE STATEMENT

7. ONLY WET SIGNATURES ARE ACCEPTED

Electronic copies can be emailed to: Mesacanclient@turnanewleaf.org

Household Information Form

Utility Assistance Application

Do you or any household member meet any of the following criteria? Please select all that apply:

Utility services disconnected ☐	Elderly (60+) ☐	Disabled ☐	Child age 5 and Under ☐

Applicant Name: _____ **Phone Number:** _____

Address: _____ **Email:** _____

What is the primary language in your household? _____ **Preferred Contact Method:** ☐ Phone ☐ Email

Living Arrangement: (Please Circle) House / Mobile / Apartment / Other **Housing type**: (Please Circle) Rents / Owns / subsidized / No pay / Homeless

Are either you or a member of your family an A New Leaf employee? ☐ ☐ **If yes, name of employee:** _____

Household Health Insurance Type (Please select one): **Date in County:** _____

Type:	AHCCCS ☐	KIDCARE ☐	Medicare ☐	VA ☐	Employment Base Insurar ☐
	Private ☐	Tribal ☐	NONE ☐	Provider Name:	

Please list all Household Members – Start with applicant **How many total household members reside in the home_____**

Name	Date of Birth	Relationship to Applicant	Social Security Number	Gender	Race	Education level	Marital status	Hispanic/Latino (Yes / No)	Veteran (Yes / No)	Home bound (Yes / No)	Disabled (Yes / No)	Health insurance (Yes / No)	Place of Birth
		Applicant		M F									
				M F									
				M F									
				M F									
				M F									
				M F									

For additional household members please ask for an additional page.

Are you or a member of your household currently receiving any of the following forms of assistance?

Food Stamps (SNAP) Yes No **Food Stamps (SNAP) Case Number** _____

Cash Assistance (TANF) Yes No **If yes, Monthly Benefit $** _____ **Court Order Child Support:** Yes No

Have you received LIHEAP benefits in the last 12 months? Yes No

Utilities	Status	Indicate how you would like us to pay your benefits directly to your utility vendor (selection must total 100%)
SRP Account number: _____	☐ Shut Off ☐ Delinquency/Disconnect Notice ☐ Payment Current	☐0% ☐25% ☐50% ☐75% ☐100%
City of Mesa Account number: _____	☐ Shut Off ☐ Delinquency/Disconnect Notice ☐ Payment Current	☐0% ☐25% ☐50% ☐75% ☐100%
SWG Account number: _____	☐ Shut Off ☐ Delinquency/Disconnect Notice ☐ Payment Current	☐0% ☐25% ☐50% ☐75% ☐100%
Other (please specify): _____	☐ Shut Off ☐ Delinquency/Disconnect Notice ☐ Payment Current	☐0% ☐25% ☐50% ☐75% ☐100%

Utilities included in rent?: Yes No **Have you received an eviction notice due to unpaid energy utilities?:** Yes No

If yes, provide the following information tenant payment information:
Is this an individual or company bank account? ☐ Company ☐ Individual
Account Type: ☐ checking ☐ Savings
Routing #_____ Account #_____

Would the termination of power or exposure to heat or cold be dangerous to the health of you or a household member? Yes No

Do you have a signed statement from a licensed medical physician stating that termination of power or exposure to heat or cold would be dangerous to the health of a household member? Yes No

Is life-supporting equipment used in the home that is dependent on utility service for operation? Yes No

STAFF ONLY	INCOME INFORMATION Last 30 days			STAFF ONLY
Income by HH Member Name	Income Source *(Name and Phone #)*	Frequency *(Monthly, Bi-weekly, Weekly,)*	Date Received	Gross Amount Received *(Before Deductions)*
				$
				$
				$
				$
				$

Household total annual income (before taxes and deductions) $

Income Information Notes: _____

The information provided above DOES NOT determine eligibility or financial assistance; this form is used solely to gather information

Reason for requesting assistance (crisis): _____

_____

_____

Would you like to be referred to any other A New Leaf / MesaCAN service? **Please circle the ones you are interested in**

☐ **Financial Wellness** (1:1 strategy on budgeting, debt, building credit, savings)	☐ **Assets To Independence** (Match savings for Education / small business)
☐ **Economic Development** (Small business entrepreneurship resources, technical assistance & workshops)	☐ **Weatherization** (Home energy repair/replacement for low-income homeowners)

Please circle the number in each section that best describes your current household situation

	1	2	3	4	5
Financial Literacy **Which statement best describes your finances?**	I am unable to meet my basic expenses. I am interested in receiving Financial Coaching services: Yes: No:	I am behind on my bills or in debt. I am interested in receiving Financial Coaching services: Yes: No:	I can meet most basic expenses. I am interested in receiving Financial Coaching services: Yes: No:	I am keeping up with bills and managing debt. I am interested in hearing about Financial Coaching services: Yes: No:	I am able to save money and plan for future goals.

	1	2	3	4	5
Food **How confident that your household has enough food every month?**	We frequently run out of food.	We often rely on food assistance like WIC, pantry's etc.	We usually have enough food but it can be difficult.	We consistently have enough food.	We have enough food and can purchase our preferred healthy options.

	1	2	3	4	5
Transportation **How reliable is your transportation?**	Transportation is a major barrier for me - I have no access	Transportation is inconsistent. I am having issues with reliability, affordability, (gas, license, insurance) or accessibility, (access to transporation)	I can usually get where I need to go, but there are some limitations.	Transportation is available to meet all basic needs	Transportation is reliable and I have backup options if needed.

	1	2	3	4	5
Child or Other Dependent Care	Childcare, public, or private, is y2ú available/ accessible or child is not eligible	Childcare is unreliable, unaffordable or inadequate	Affordable subsidized childcare is available but limited	Reliable, affordable childcare is available, no need for subsidies	Able to select childcare of choice. OR DO NOT NEED CHILDCARE

	1	2	3	4	5
Employment **What best describes your current work situation?**	I am not currently working.	I work occasionally, part-time or seasonally.	I work regularly but still struggle financially.	I have stable employment with benefits. I have a dependable income.	I have stable employment and feel financially secure.

	1	2	3	4	5
Adult Education/ Training	Less than 8th grade education, no GED, and learning disabled, literacy problems, or language barriers	Completed some high school, limited reading and writing ability, no diploma or GED	GED or High School Diploma	Some college credit and/or vocational training but not completed or actively pursuing	Completed AA or vocational/certification program Bachelor's or advanced degree

	1	2	3	4	5
Housing **Which statement best describes your your current housing situation?**	Homeless Threatened with eviction /foreclosure or eminent exit of transitional housing	Living in a shelter designated to provide temporary living arrangements. Current rent/mortgage is unaffordable (over 30% of income)	In stable housing that is safe but not marginally adequate	Household is in a safe, adequate subsidized housing.	Household is in a safe, adequate unsubsidized housing.

	1	2	3	4	5
Healthcare **How easy is it for you to receive medical care when needed?**	I cannot access medical care when I need it.	It is very difficult to access medical care.	Some household members are insured or covered by Federal/State insurance programs	Entire household insured and able to obtain medical care when needed, but unexpected events may strain budget	Affordable private medical, dental, vision, and prescription insurance coverage with low or affordable co-pays and deductibles

STAFF ONLY **PAYMENT INFORMATION** **STAFF ONLY**

PLEASE PRINT LEGIBLY				**APPLICANT'S NAME** *(Last, First MI)*			**APPLICANTS SOCIAL SECURITY #**		
Account #	Voucher #	Vendor Code	Vendor Name	Billing Name	Service Code	Fund Source	Amount	Categorical Eligibility Yes/No	Need Guarantee Yes/No
							$		
							$		
							$		
							$		
							$		

VENDOR/PAYEE NAME (check to be issued to):	VENDOR/PAYEE MAILING ADDRESS (No., Street, Apt. #, City, State, ZIP):	Actual Mo. Rent/Mortgage	EIN No.

Has the household received STCS services in the prior 12 months? Y/N If yes, what agency:

Approved Denied

APPLICANT'S STATEMENT OF TRUTH

Under penalty of perjury and acknowledged by my signature below, I swear or affirm that the statements made in this application regarding the persons in my home, and the income, resources, property and all other items that pertain to my possible eligibility for services are true and correct to the best of my knowledge.

Bajo pena de perjurio y reconocido por mi firma abajo, juro o afirmo que las declaraciones hechas en esta solicitud con respecto a las personas en mi hogar y los ingresos, recursos, propiedad y todos los demás elementos que pertenecen a mi posible elegibilidad para los servicios son verdaderas y correctas a mi leal saber y entender.

RELEASE OF INFORMATION

I authorize the Department of Economic Security and/or delegate agency to contact any source necessary to establish the accuracy of the information given by me. Further, I authorize any landlord, mortgage, or utility company, to which payment of credit on my behalf may be made, to release information regarding my account including, but not limited to, billing information to State of Arizona and/or its contract designee. I understand that Arizona Department of Economic Security may use information provided on this form for purposes of research, evaluation and analysis.

Autorizo al Departamento de Seguridad Económica y / o agencia delegada a contactar cualquier fuente necesaria para establecer la exactitud de la información proporcionada por mí. Además, autorizo a cualquier arrendador, hipotecario o compañía de servicios públicos, a la que se pueda realizar el pago de crédito en mi nombre, a proporcionar información relacionada con mi cuenta, incluida, entre otras, la información de facturación al estado de Arizona y / o la persona designada por el contrato. Entiendo que el Departamento de Seguridad Económica de Arizona puede utilizar la información proporcionada en este formulario para fines de investigación, evaluación y análisis.

APPLICANT'S SIGNATURE	DATE

WORKER'S STATEMENT

I have interviewed the applicant and have explained his/her right to the appeals process. I have advised the applicant of any penalties for misrepresentation and/or Fraud. I have completed my investigation of the applicant's eligibility as required by program rules, guidelines, & regulations.

WORKER'S SIGNATURE	DATE

S T A F F O N L Y

LIHEAP APPLICANT ATTESTATION

I certify, under penalty of perjury, that all information submitted in this Low Income Home Energy Assistance Program (LIHEAP) application is true and correct to the best of my knowledge. I further certify that all documents I have provided are genuine, and I have not intentionally withheld or altered any information that might be relevant to my eligibility for the LIHEAP Program.

I certify that if I receive LIHEAP funds directly, I will use these funds only for the payment of my utilities and any related fees or penalties that I owe. I understand that my use of LIHEAP funds for any other purpose may result in criminal prosecution and may disqualify me for future assistance.

I authorize DES to share the information I have provided in this application as necessary to verify my eligibility for this program. I authorize DES to provide my information to my utility provider(s) as necessary to distribute any LIHEAP funds I receive. I further authorize DES to provide my information to DES' partner organizations that may be able to assist with the LIHEAP application process and the distribution of LIHEAP funds. I authorize my utility provider(s) to share my account information (which may include, but not be limited to, name, service address, account number, household information, usage information, account balance, payment history, historical, and future utility bills) with DES as needed for distribution of the funds I applied for under this program.

I understand that DES may investigate and contact any sources necessary to confirm the accuracy of the information that pertains to my eligibility for this program. If I intentionally hide, alter, or provide false information in order to obtain LIHEAP benefits that I am not entitled to, I may be subject to criminal prosecution, fines, imprisonment, or other penalties provided for by state and federal laws. I further agree to release and hold harmless the utility provider(s) from any claims, damages, liability, or expenses resulting from the use or disclosure of information based on this authorization.

I understand that if I receive funds under this program, by mistake, I am required to return the funds.

This authorization remains effective for twelve months after the date of my signature.

Printed Name: _____

Signature: _____ Date: _____

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☐ Arizona Public Service

☐ UniSource Energy Services

☐ Salt River Project

☐ Southwest Gas

☐ Tucson Electric Power

☐ Other

By signing this form, I authorize the above named utility provider(s) (indicated by box checked) to release my historical and future utility bills, account information (such as but not limited to name, service address, account number, balance, payment history) and other information concerning or related to energy consumption and costs to any and all of the agencies/persons listed on this form ("Authorized Parties"). This release is granted in connection with my household's request for and/or receipt of assistance from the community agency listed below.

I understand and agree that the utility information released may be compiled and analyzed (both on an individual household and combined basis) by one or more of the Authorized Parties. I further understand and agree that the utility information released, as well as any statistical or other analysis may be released by the Authorized Parties to a third party for reporting purposes related to assistance received, and no information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I further agree to release and hold harmless the above named utility provider(s) from: (i) any claims, damages, liability or expenses resulting from the use or disclosure of information based on this Authorization; (ii) the unauthorized use or disclosure of the information by any of the Authorized Parties; and (iii) any actions taken by any of the Authorized Parties based on this Authorization.

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Name of agency determining assistance **_! bŜø [ŜI-Ŧ π aŜăI-/!b**_____

Wildfire (Arizona Community Action Association) Arizona Department of Housing. Community Arizona Department of Economic Security Development and Revitalization Division

Signature of Account Holder/Customer of Record: _____

Print Account Holder/Customer of Record: _____

Signature of Joint Account Holder/Customer of Record: _____

Print Joint Account Holder/Customer of Record: _____

Service Address: _____

Account Number: _____

Date: _____

CLIENT RIGHTS

A New Leaf shall ensure that a client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights

Each client must be afforded the following basic rights:

1. To be treated with dignity, respect, and consideration.

2. To have one's needs met in a professional and ethical manner

3. Not to be discriminated against based on race, color, national origin, religion, gender, sexual orientation, age, disability, or marital status.

4. To receive service that:
   a. Supports and respects the client's individuality, culture, choices, strengths, and financial goals.
   b. Supports the client's personal liberty.

5. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights.

6. To submit grievances to A New Leaf, MesaCAN staff members and complaints to outside entities and other individuals without constraint or retaliation:
   a. To have grievances considered by A New Leaf, MesaCAN (Here-in thereafter referred to as Agency) in a fair, timely, and impartial manner.
   b. To dispute the amount of assistance for which their circumstances qualify as Department of Economic Security and other funding allows.

7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense.

8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.
   a. To participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in financial decisions and in the development and periodic review and revision of the client's written financial plan.
   b. To control the client's own finances except as provided by A.R.S. § 36-507 (5).

9. To have the client's information and records kept confidential from release except in the case of court order, emergencies, or as otherwise required or permitted by law.

10. To privacy during financial counseling, including the right not to be photographed or recorded without general consent, except for temporary video recordings used for security purposes that are maintained only on a temporary basis, unless a release has been signed.

11. To review, upon written request, the client's own financial record during the Agency's hours of operation or at a time agreed upon by the program director.

_____

Client Name / nombre de cliente **Client Signature / firma de cliente** Date/ fecha