



Benton Utilities Share Program
Neighbors Helping Neighbors
Application



Instructions:

- 1. Complete the entire form. Incomplete forms will not be considered.
- 2. Submit application for review by the 15th of the month to:

<u>By Fax:</u>	<u>By Mail:</u>	<u>In Person:</u>
501-776-5918	Benton Utilities Share Program	114 S. East Street
	P.O. Box 607	Benton, AR
	Benton, AR 72018-0607	

- 3. Approved Applications will result in funds being applied directly to the utility bill.

Did you opt out of the Share Program? YES NO
 IF YOU ANSWERED YES, YOU ARE NOT ELIGIBLE TO APPLY.

How Much financial assistance are you requesting? _____

Name of Benton Utility Account Holder:

First Name: _____ Last Name: _____ Age: _____

Former Names (including Maiden Name): _____

Contact Phone Number(s): (1) _____ (2) _____

Your Physical Address: _____

List the names and ages of everyone who lives at this address: (including yourself)

	First Name	Last Name	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

List employment information for **all adults** at this residence for the **LAST 3 YEARS**

If not currently working, list reason **why not working**.

	Name	Employer	Dates of Employment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Financial Information: List ALL income sources

Total Monthly Household Income		\$
Wages (including Unemployment Income)	\$	
Child Support	\$	
Social Security	\$	
Disability	\$	
Supplemental Security Income (SSI)	\$	
Interest	\$	

Do you currently receive other financial assistance such as Food Stamps, WIC, Medicaid, Etc.?	YES	NO
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Do you receive Section 8 Public Housing Assistance?	YES	NO
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Have you received utility assistance from any source in the last 12 months?	YES	NO
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(If this information is not listed correctly, your application may be denied)

If yes, from whom and how much?		\$
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How much does your household have in cash, checking, and/or savings?	\$
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How much of your utility bill can you pay?	\$
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What other efforts are you making to pay your utility bill? _____

Describe why you need help paying your utility bill? Attach additional pages if necessary.
(Please explain all that apply: Illness; Disability; Unemployment; Death; Other.)

The information in this application is true to the best of my knowledge. I understand false statements may disqualify my application. I give permission for the Share Program Board members to view my personal account information from Benton Utilities.

Signature	Revised 8/23/13	Date
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