

NOTICE

The Area Agency on Aging will be available at the city hall on Thursday, November 17, 2022 from the hours of 9:00am - 1:00pm to accept applications for their Utilities Assistance Program. The account holder for the utilities must be at least 60 years of age and meet certain income requirements to be eligible for the program. Along with the application, applicants will be required to submit a copy of their utility bill and proof of identification.



UTILITIES ASSISTANCE PROGRAM APPLICATION
Area Agency on Aging Services

How to apply

Fill out the application below and have it ready for Area Agency on Aging staff.

Eligibility is based on the availability of funds and eligibility criteria which includes household income.

Please contact the Southern Georgia Regional Commission's Area on Aging at 1-888-73-AGING / 1-888-732-4464 if you have questions or need assistance (attention Haylee Metts).

Contact Information

Fill in your name and current home address. If possible, please list a phone number so we can contact you if we have questions. This will help avoid delays as we review your application. USE BLUE OR BLACK INK.

Applicant's Name First MI Last Jr/Sr etc.

Residence Address City State Zip Code Telephone

Mailing Address (if different) City State Zip Code

Applicant Date of Birth Month Day Year

Caregiver's Name First MI Last Jr/Sr etc.

Residence Address City State Zip Code Telephone

Mailing Address (if different) City State Zip Code

Caregiver Date of Birth Month Day Year

Household Member Information

Please list every person living in your household, starting with yourself. Fill in each box for every household member. If there are additional people living in your home than the space provided list them on a separate sheet of paper.

Household Member Name	Relationship to You	Sex	*Race (Optional) See below #'s	Disabled? Yes/No
	SELF			

***Race: Choose one or more numbers that apply and enter above for Race:**

- 1 – American Indian/Alaskan Native, 2 – Asian, 3 – Black/African America, 4 –Hawaiian/Pacific Islander, 5 – White/Caucasian and 6 - Unreported

Is anyone in your household (check all that apply):

- Elderly (60+ years of age)
- Receiving Disability

Income

- Fill in the section below to show all gross earned and unearned income anyone in your household receives from any source even if someone has more than one source.
- **Earned Income includes:** wages from all jobs, self-employment, tips, payments for services, etc.
- **Unearned Income includes:** Social Security, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Adoption Payments, Foster Care Payments, Alimony and Spousal Support, Child Support, Unemployment Compensation, Veterans Benefits, Pensions, Unemployment Insurance, Disability Payments, Dividends, Educational Assistance, Pensions, etc.

Household Member	Source(s) of Income	Monthly Income Amount
		\$
		\$
		\$
		\$
		\$

CIVIL RIGHTS

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.

RIGHTS AND RESPONSIBILITIES

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to my best knowledge and belief.

