

PATIENT:

DATE OF LAST FINANCIAL:

BE SURE THE APPLICATION PACKAGE INCLUDES THE FOLLOWING:

- Submit current financial (if date of last financial is not within 6 months of request)
- Submit a copy of the current utility bill, with address for remittance. Bill must show either late payment or a shutoff warning.
 - Verify that the name on the bill is the patient's name, spouse's name or significant other member of household and the address on the bill is the patient's stated address.
- Submit completed Utility Assistance Consent Form
- Submit a letter from patient/social worker detailing:
 - 1) Other agencies contacted and their decision(s)
 - 2) How the patient got into the financial crisis
 - 3) The patient's plan to avoid the need for future rent assistance