

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Utility Company \_\_\_\_\_

Company phone # \_\_\_\_\_

Account Number \_\_\_\_\_

Referred by \_\_\_\_\_

Dialysis Unit \_\_\_\_\_

Total amount of bill \_\_\_\_\_

Amount being requested from NKF AZ \_\_\_\_\_

**I certify that I am financially unable to pay my utility bill, that I have exhausted all other sources of help with the attached bill, and that the above information is true and correct to the best of my knowledge.**

**I hereby consent to and authorize the National Kidney Foundation of Arizona to access from the above named utility company, and for this utility company to release, the information concerning my payment history, delinquencies, outstanding amounts owed, required deposits, usage history and other related information, and to use such information only in connection with this application for assistance.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_