



UTILITY ASSISTANCE PROGRAM (UAP) APPLICATION



A. UAP PROGRAM ADMINISTRATOR/SUBRECIPIENT INFORMATION

1. **Administrator Name:** City of Corpus Christi, Neighborhood Services Department

B. APPLICANT INFORMATION

1. **Applicant Name:**

2. **Street Address:**

3. **City/State/Zip Code:**

4. **County:**

5. **Email Address:**

6. **Home Phone:** () - -

7. **Cell Phone:** () - -

C. ELECTRIC PROVIDER INFORMATION

1. **Electric Provider's Name:**

Contact Information (Email and/or Phone Number):

D. NEEDS ASSESSMENT

a. **Total amount currently owed to your electric provider: \$**

b. **List the current and future months for which you are seeking assistance:**

Note that the months of prior, current, and future assistance cannot exceed 3 months assistance or \$500 maximum electric provider payment.

2. **Assistance Received**

a. **Have you received electric payment assistance from any other sources (i.e., city, county, religious organization or other organization) for the months that you are seeking assistance? Yes No**

➔ If no, skip the rest of this question.

b. **If, yes, what was the total amount paid to electric provider?**

- List the month(s) electric service payment assistance covered:

- What was the source of assistance (for example, name of assistance program)?

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E. HOUSEHOLD COMPOSITION INFORMATION (List all members of the household)						
Full Name (exactly as it appears on driver's license or other identification document)	Relationship to Head of Household	Date of Birth	Gender	Student Status	Receives Income?	Check if Veteran
1.	Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
10.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
11.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
a. Is any household member listed above a foster child?			<input type="checkbox"/> No <input type="checkbox"/> Yes, who?			
b. Is any household member listed above a live-in attendant?			<input type="checkbox"/> No <input type="checkbox"/> Yes, who?			

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F. CATEGORICAL ELIGIBILITY

Is the household made up of 6 or fewer members AND receiving benefits under SSI (for the head or co-head of household), LIHEAP, or SNAP?

Yes If yes, attach source support documentation and skip Section H. **No**

G. CURRENT EMPLOYMENT INFORMATION

Add an additional sheet if you need space to list the income of additional household members.

1. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Employer Email:
2. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Employer Email:
3. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Employer Email:
4. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Employer Email:

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H. CURRENT EMPLOYMENT INFORMATION
 Add an additional sheet if you need space to list the income of additional household members.

5. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Employer Email:
6. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Employer Email:

I. DEMOGRAPHIC INFORMATION: The City of Corpus Christi, TX., Neighborhood Services Department (NSD) requests the information for reporting requirements. Although NSD would appreciate receiving the information, you may choose not to provide it. You may not be discriminated against on the basis of the information, or on whether or not you choose to provide it.

If you do not wish to provide this information, please check this box:

Ethnicity Codes:
H – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
NH – Not Hispanic

<u>Choose all applicable Race Code(s):</u> 1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White	<u>Age Codes:</u> A. 0 – 17 years B. 18 – 24 years C. 25 – 61 years D. 62 years +	<u>Disability Status:</u> A person with a disability has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or is regarded as having such an impairment. The definition of disability does not include current, illegal use of or addiction to a controlled substance.
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Member	Ethnicity Code	Race Code	Age Code	Check if Person has Disability
Example	<i>H</i>	<i>2, 3</i>	<i>C</i>	<input checked="" type="checkbox"/>
1 (Head)				<input type="checkbox"/>

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2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6				<input type="checkbox"/>
7				<input type="checkbox"/>
8				<input type="checkbox"/>
9				<input type="checkbox"/>
10				<input type="checkbox"/>
11				<input type="checkbox"/>

J. RELEASE AND SIGNATURES

Each of the undersigned Applicants for the Utility Assistance Program (UAP) hereby certifies all of the information provided in the above Application is true and correct and does hereby authorize the release and/or verification of employment, tenancy, and income information.

Applicant's Printed Name	Signature	Date
Co-Applicant's Printed Name	Signature	Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Reasonable accommodations to complete the application will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.

**Mail or drop off application to:
NEIGHBORHOOD SERVICES DEPARTMENT**

1201 Leopard St., Corpus Christi, TX., 78401 or email to utilityassistanceprogram@cctexas.com

For questions, contact 311



