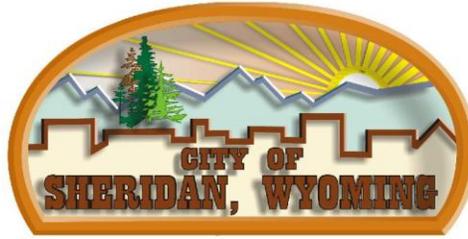


City of Sheridan
 Customer Service
 P.O. Box 848
 Sheridan, WY 82801
 307-674-6483



UTILITY ASSISTANCE PROGRAM APPLICATION

Please Check one: New Application **OR** Annual Renewal

Date of Application: _____

Name: _____

Service Location: _____
 (Must be the property in which the applicant resides)

Phone Number: _____

Birth Date: _____

City Utility Account No.: _____

Email: _____

DOCUMENTATION OF CURRENT ENROLLMENT IN FEDERAL PROGRAM

Please list the dates of active enrollment in the program(s)

	Applicant	Spouse
Social Security Supplemental Security Income (SSI)		
Low Income Energy Assistance Program (LIEAP)		

I certify that the above information and attachments provided by me are true and correct to the best of my knowledge, and I understand that willful misrepresentation will result in loss of credit eligibility.

I agree to notify the City of Sheridan in the event of a change of residence to ensure the benefits transfer to the new location.

I agree to notify City of Sheridan of any changes in status that may affect my eligibility under Resolution #43-15.

Please notify me of my qualification status by Email Phone Mail

 Signature of Applicant

 Date

Approved Denied

 Approved By

 Date

<i>For Official Use Only:</i>	
<input type="checkbox"/> Copy of Identification <input type="checkbox"/> Copy of LIEAP Approval Letter <input type="checkbox"/> Copy of SSI Verification Document	
<input type="checkbox"/> Account in good standing/in applicants name	Comments:
Pending:	