

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:	