

Emergency Utility Assistance Intake Form

Safety Net Program • Emergency Utility Assistance
Aging, Disability, and Veterans Services Division



Date _____ Referral Source: ^{Name} _____ Phone # _____

Applicant Information

Last Name
First Name, MI
Gender
Date of Birth
Phone #
Social Security #
Medicaid #
Primary Language
Veteran Status:

Other Agency

Applicant's Ethnicity/Race
Please select all that apply

American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino/a/x
Middle Eastern
Native Hawaiian
Pacific Islander
White
Decline to answer
Other, please specify

Has applicant served in the military? Yes No
Is applicant the surviving spouse of someone who served in the military? Yes No
Is applicant in receipt of any veterans' benefits? Yes No

Secondary Applicant Information

Last Name
First Name, MI
Gender
Date of Birth
Phone #
Social Security #
Medicaid #
Primary Language
Veteran Status:

Applicant's Ethnicity/Race
Please select all that apply

American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino/a/x
Middle Eastern
Native Hawaiian
Pacific Islander
White
Decline to answer
Other, please specify

Has applicant served in the military? Yes No
Is applicant the surviving spouse of someone who served in the military? Yes No
Is applicant in receipt of any veterans' benefits? Yes No

Home Address

Apt. Bldg. Name
Address
Apt. #
City
Zip
Monthly Rent/Mortgage \$
Does applicant own or rent home? Own Rent
Is the rent subsidized? Yes No
How long has applicant lived at current address?

Occupants in Household

Single Individual
Couple
Housemate(s)
Parent(s) with Child(ren)
Please specify all other household members not already listed
Name DOB Relationship to applicant

Utility Company

Name
Account #
Amount Requested \$
Additional Information

Has applicant contacted a community agency for LIHEAP/other?
Has applicant contacted the utility company for discount/payment plan?

Please include most recent bill

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Monthly Income

Applicant \$

Income Source

Other household member(s) \$

Income Source

Total household income \$

Does applicant receive Supplemental Nutrition Assistance Program benefits (SNAP)? Yes No

Other resources & assets \$

Combined value of any financial asset including retirement accounts, savings bonds, mutual funds, stocks, certificates of deposit, and life insurance for client and spouse.

Monthly Expenses

Rent \$

Essential utilities (gas, electric, water, etc.) \$

Telephone \$

Cable TV \$

Car payments \$

Car insurance \$

Car fuel/oil \$

Bus fare \$

Credit card payments \$

Out-of-pocket medical costs \$

Food \$

Other (please specify): \$

Total monthly expenses \$

Income minus expenses \$

Does applicant have rep payee? Yes No

What are the circumstances leading to this request?

Housing Stressed (paying more than 60% of income towards housing costs)

Temporary financial burden (please describe below)

Risk of eviction (please provide documentation)

Other (please describe below)

Required Questions for Applicant

Will these funds solve your current housing issue? Yes No

If your response is "No," what would solve your current housing issue?

Using your best guess, do you think you will need more funds or services over the next six months to stay in your home? Yes No

Do you feel more stable in your housing because of these funds? Yes No

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I am requesting one-time financial assistance, and certify the foregoing statements are true and correct to the best of my knowledge. I understand that the above information may be released to agencies within the Aging, Disability, and Veterans Services (ADVSD) Network, as needed, in determining eligibility and/or providing services to my family and me. I also authorize Multnomah County ADVSD to speak to my payee about financial information and utility company regarding payment information. The information provided here is subject to verification by authorized local or federal officials.

We, the undersigned, have participated in the development of this plan.

I hereby authorize the release of the above information for the purpose of evaluating my request for assistance and for further follow-up research.

X

Applicant Signature

Date

For verbal authorization/electronic signature, check here. Checking here indicates interviewer received verbal authorization from applicant.

X

Interviewer Signature

Date

Agency/Phone

Check here for electronic signature.

Please email this completed PDF (pages 1-3) to:
ADVSD Utility Assistance Program
EMAIL (secure) • advsd.safetynet@multco.us