Utility Assistance Eligibility Guidelines

The Hospitality House Food Pantry Utility Assistance program aims to help individuals and families in need of financial assistance to stay in good standing with their utility provider(s) and prevent a financial crisis. Those in need of assistance of making a past due payment in the amount of $500 or less are encouraged to apply in order to avoid a shut-off notice.

- ❒ Income must be at or below 200% of the federal poverty level
- ❒ Address on bill must be located in Oakland County
- ❒ Address on bill must be a residential address (non-commercial)
- ❒ Priority will be given to those requesting $500 or less*
- ❒ Applicant must be or live with the utility account holder
- ❒ Applicant must not have received utility assistance from HHFP in the last 12 months

* Will consider applications requesting over $500 in assistance due to extenuating circumstances, but this funding is more limited.

Utility Assistance Application Process

❒ Complete the application

❒ Obtain copy of the most recent bill in which you are requesting assistance

❒ Obtain document proving your residency (for water bill assistance requests)

❒ Submit the application, most recent bill, and proof of residency (if applicable) to Christie Spudowski:

- ❒ Email: progadmin@hhfp.org
- ❒ Mail: 2075 E. West Maple, Suite B204 Commerce, MI 48390
- ❒ In-Person during Open Hours:
  - Monday: Noon-6:30pm; Thursday: 10am - 1:30pm; Saturday: 11am - 1:30pm

Once your application is submitted, you will receive a phone call from our program administrator to discuss your application within 48 hours. If your application is approved, Hospitality House Food Pantry will provide you with a letter describing the assistance being provided (via mail or email) and will then submit payment on your behalf. Please note that it can take up to 30 days for the payment to be reflected on your account. Completing and/or submitting this application does not guarantee approval for funds. Assistance funds are limited and distributed on a first-come, first-serve basis.

Utility Assistance Application

Application Date: _____ Client ID #: _____

Please list every member of your household, including yourself, other adults, and any children. If additional space is needed, please request an additional form.			
Name	**Relationship to Applicant**	**Date of Birth**	**Disabled?**
			❒ Yes ❒ No
			❒ Yes ❒ No
			❒ Yes ❒ No
			❒ Yes ❒ No
			❒ Yes ❒ No
			❒ Yes ❒ No

Your Information	
First Name: _____	**Last Name:** _____
Current Address: _____	
Phone Number: _____	**Email Address:** _____

Gender:

❒ Female/Woman ❒ Male/Man ❒ Transgender/GNC ❒ Undisclosed

Marital Status:

❒ Single ❒ Married ❒ Divorced ❒ Separated ❒ Widowed ❒ Common-Law ❒ Undisclosed

Language(s) Spoken:

❒ English ❒ Spanish ❒ Arabic ❒ Other:_____

Ethnicity/Race:

❒ White/Angelo ❒ Black/African American ❒ Hispanic/Latino ❒ Middle Eastern/Arabic ❒ Chaldean
❒ Jewish ❒ Asian/Pacific Islander ❒ Native American/Indigenous ❒ Other:_____

Educational Level:

❒ Grades 0-8 ❒ Grades 9-11 ❒ High School Diploma/GED ❒ Post-Secondary (Some) ❒ Trade School
❒ 2 Year Degree ❒ 4 Year Degree ❒ Master's Degree ❒ PhD ❒ Undisclosed/None

Please any of the following in which you self-identify:

❒ Developmental Disability ❒ Physical Disability ❒ Veteran ❒ Refugee ❒ Evacuee ❒ Mental Illness
❒ Pregnant ❒ Breastfeeding ❒ Postpartum ❒ Undisclosed/None ❒ Other:_____

Household Information

Employment Type(s): List all that apply for all of the adults in your household:

❒ Full-Time ❒ Part-Time ❒ Self-Employed ❒ Retired ❒ Military ❒ Retired ❒ Multiple Jobs
❒ Seasonal ❒ Temporary ❒ Student ❒ Unemployed

Please identify the amount of income you receive per month:

JOB #1	_____	JOB #2	_____
JOB #3	_____	UNEMPLOYMENT	_____
SOCIAL SECURITY	_____	UNEMPLOYMENT	_____
SOCIAL SECURITY	_____	SOC SEC DISABLITY	_____
SOC SEC DISABLITY	_____	SURVIVOR BENEFITS	_____
VA BENEFITS	_____	CHILD SUPPORT	_____
PENSION	_____	DHS BRIDGE CARD	_____
DHS CASH ASSISTANCE	_____	ALIMONY	_____
OTHER	_____	**TOTAL INCOME**	_____

What is the nature of your hardship?

❒ Received shut-off notice ❒ Crisis/Unexpected Expenses ❒ Loss of job ❒ Reduced wages/work hours
❒ Illness/Medical Hardship ❒ Received Maximum SER ❒ Services are already shut off ❒ Other:_____

Please describe the circumstances that led you to needing utility assistance:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Referred By:

❒ Internet ❒ Friend/Family ❒ Organization:_____ ❒ Other:_____

Utility Information

Bill you are requesting assistance with (e.g. DTE): _____

Bill Amount ($): _____ Account #: _____

Address Shown on Bill: _____

You must submit a copy of the bill in which you are requesting assistance for. Do you have a copy ready to submit with this application? ❒ Yes ❒ No

Agreements
I understand that all information provided in this application is confidential and will only be released to other agencies upon my written consent.
I understand that I can only receive utility assistance from Hospitality House Food Pantry once every 12 months.
I affirm that the information I provided in this application are true and correct to the best of my knowledge and understand that if any of the information is discovered to be untrue, my application will be denied.

By signing below, you are stating that you understand the above agreements and that you consent to applying for utility assistance through Hospitality House Food Bank.

_____ _____

Signature of Applicant Date

For Administration – DO NOT WRITE BELOW!
Based on the information provided above and/or information provided by the applicant via phone/email, this application is: ❒ Approved ❒ Denied
Date in which the applicant was notified of approval/denial: _____
Date in which the bill was paid by HHFP: _____
Notes: _____ _____ _____ _____

_____ _____

Signature of Intake Staff Date