HUMAN RELATIONS COMMISSION

815 WASHINGTON STREET, READING, PA 19601
(610) 655-6141 (610) 655-6262 FAX

EMERGENCY UTILITY ASSISTANCE APPLICATION

Fully complete the application. (No section of the application should be left blank)
The incomes of all adult household members 18 years of age and older are counted as a part of the application.

Additional information will be required.

This is the initial application process. In order to participate in this program, you must provide all of the required documents (request at a later time) to our office. You also must complete a more detailed application. City staff will review your application and documents and determine if your application is complete. Staff acceptance of application does not constitute approval or guarantee participation in the program. Priority assistance is provided to the neediest residents and not on a first come first serve basis. This program is an income based program. Program is subject to funding availability.

Emergency Utility Assistance Application

Please print/Use only Black or blue ink.

PROPERTY INFORMATION

Address: _____

Apt #: _____City: _____ State: _____ Zip Code: _____

APPLICANT

First Name: _____ Last Name: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

☐ Employed ☐ Unemployed ☐ Self-Employed

List every person living at your residence (including yourself)

	Name	Age	Date of Birth	Social Security Number	Relationship to Applicant
1					Applicant
2					
3					
4					
5					
6					

IMPORTANT INFORMATION

1. Are you able to provide documentation to prove that your income was affected by Covid? ☐ Yes ☐ No
2. Do you need any assistance completing this application? ☐ Yes ☐ No
3. Which utility do you need assistance with? ☐ Electric ☐ Water ☐Gas ☐ Oil
4. Are you able to provide the last 6 months of bills for the particular utility that you require assistance with? ☐ Yes ☐ No
5. What is the amount due of the shut off notice for this utility? _____

EMPLOYMENT INFORMATION: APPLICANT	
Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): $	Pay Rate:$
Number of hours worked ☐ 0-15 ☐ 16-30 ☐ 31-40	Last Date of Employment

Financial Information

Gross Income $	
Other Income $	
Self-Employment $	
Rental Income $	
Unemployment $	
Child Support $	
Total Income $	

Disability Income $	
Retirement $	

AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of Reading Human Relations Commission to verify previous or current information regarding me/us. The undersigned specifically acknowledges(s) that: verification or re-verification of any information contained in this application may be made by the City of Reading Human Relations Commission from any source named in this application.

AGREEMENT

The undersigned understand that the intent of this application is for purposes of pre-qualifying only and does not guarantee acceptance or approval and no commitment is hereby made on the part of either the applicant or the City of Reading, Reading Human Relations Commission or the Community Development Department. We further understand that all information and documents provided with, and in association with this application, are public records and as such are subject to the State of Pennsylvania's public record laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my signature on this application. That any property assisted under this Program will not be used for any illegal or restricted purposes, and will be used solely as my/our principal residence.

Any intentionally false or fraudulent statement, supporting document or information will constitute cancellation of this application and liability in any legal action brought against me/us by the City. The City of Reading Human Relations Commission is hereby authorized to verify any of the above information and to inspect the property prior to approval. I/we agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of Reading

Human Relations Commission.

Applicant's Name (Print)	Applicant's Signature	Date
X_____	X_____	X_____
Co-Applicant's Name (Print)	Co-Applicant's Signature	Date
X_____	X_____	X_____

FOR STAFF ONLY

This application was taken by:

- o Face to face interview
- o Mail
- o Telephone
- o Internet

Staff Member: _____