



# REQUIRED DOCUMENTS

*United Way of Eddy County*

## Financial Assistance Request Program

### Li-Heap

We need a **CURRENT** Li-Heap approval/unable to assist letter from Human Services

***This can be waived if you are 65 years of age or older***

(If you were unable to qualify for Li-Heap, we may still be able to assist you)

### Water Bill

The water bill **MUST** be your current bill; no older than 45 days, and **MUST** be in **YOUR** name (please bring the entire bill, not just the payment stub portion)

We cannot assist with deposits or bills from a previous residence, those that have been turned off for a number of months/years, or with reconnection fees

### ID's

We need documentation for **EVERYONE** in the household

For **ADULTS** in the household we need a **PHOTO ID**

For all minors (people under age 18) we need a Medicaid Card, Birth Certificate or School ID

### Proof of Income (for everyone in the household)

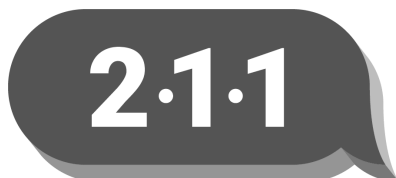
If you are working, we will need to see **CHECK STUBS**

If you are receiving SSI, SSDI, unemployment, retirement pension, or any other source of income, we will need to see an **award letter** or a print out of deposits into the account

If you are unemployed, we will need a copy of the EBT award letter or a copy of the deposits into the account

## SOCIAL SECURITY CARDS WILL NOT BE ACCEPTED

The Number of people in the household is one of the qualifiers for assistance, based on Federal Poverty Level Guidelines



United Way of Eddy County



# FINANCIAL ASSISTANCE REQUEST FORM



116 S. Canyon St • PO Drawer EE • Carlsbad, NM 88221

United Way of Eddy County

575-887-3504 Office • 575-628-0056 Fax • www.uweddyco.org

United Way of Eddy County

**NOTE: COMPLETE ALL SECTIONS LEGIBLY TO BE CONSIDERED FOR ASSISTANCE**

### SECTION 1: PERSONAL INFORMATION

Last Name	First Name & Middle Initial	Social Security Number
Address (PO Box, Street, City, State, Zip)		Primary Phone Number
Email Address	Date of Birth	Gender

### SECTION 2: INCOME/FAMILY INFORMATION

Total Monthly Income	Total Annual Income	Household Size
Income Source	Income Source	

### SECTION 3: REQUESTED SERVICE

Check the service(s) for which you are requesting financial assistance

Past due water bill

Please specify which water utility you receive service from: \_\_\_\_\_

### SECTION 4: YOUR SIGNATURE

I understand that the information I provide will be used only to determine financial need, and will be kept confidential. I further understand that the information which I submit concerning my annual family income and family size is subject to verification, and if the information I have given is determined to be false, it may result in denial of the assistance for which I have applied.

My signature authorizes United Way of Eddy County to verify all information provided on this form. I certify that the above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Approved  Yes  No      Paid With  Check  Credit Card

If yes, approved amount: \_\_\_\_\_

If no, reason for denial: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_