



Project# _____
(to be assigned by the City)

Senior Citizen Low Income Utility Assistance Program APPLICATION

Complete and submit this application to the City of Newton, Utility Billing.

Name: _____ Daytime Phone No. _____

Email Address: _____ Date of Birth: _____

Address: _____

Pre-Eligibility Qualifications (Check any/all that apply) MEDICAID SNAP TANF

Child in care qualifies for Free/Reduced Price Lunch

Acknowledgements:

1. I have received and read a copy of G-1255 that authorizes the funding and parameters for the program and agree to follow all procedures and criteria.
2. Must provide current utility bill
3. Verification is attached

Signature

Date

FOR CITY OF NEWTON USE ONLY

BASED UPON THE INFORMATION SUPPLIED BY THE APPLICANT, THE PROJECT CONFORMS TO PROGRAM GUIDELINES.

YES NO POSSIBLY

Received By: _____ Date: _____

Approved By: _____ Date: _____