



GREGG COUNTY UTILITY ASSISTANCE PROGRAM

Utility Assistance limited to once every 24 months

Applicant: _____

Date: _____

Mailing Address: _____

Phone: _____

City, State, Zip: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW:

- Is this residence located in Gregg County? Yes No
- Do you live in a: Apartment or Multi-Family Townhouse Single Family Home Mobile Home
- Are you a (Check One): Homeowner Renter Roomer/Boarder
- * If you rent:
- Is your rent reduced through help from HUD or Subsidized Housing (Section 8)? Yes* 'No
- * If you answered yes to this question, do you receive Utility Allowance? Yes"" 'No

Renters Only:

- Is your Utilities included in your rent? Yes No
- Landlord 's Name: _____ Apartment Complex: _____
- Landlord's Mailing Address: _____
- City: _____ State: _____ Zip: _____
- Landlord's Phone Number: (_____) _____

Crisis Information: Choose One

- I have received notice that my Electricity will be disconnected
- I have received notice that my Gas Will be disconnected
- The loss of electric/gas service will aggravate an existing serious illness or prevent the use of life support Equipment (**Physician's Certification is Required**)

Utility Company:

Electric: _____ account# _____

Gas: _____ account# _____

Disconnect date: _____ disconnect amount due: _____

During the last month (31 days):

- Have you lost employment or worked less than half average hours? () Yes () No
- Have you/household member been admitted to the hospital or ER? () Yes () No

I do solemnly swear that the above statement is true and I agree to give the county any information that is needed to identify the above statement as true. I understand that by signing this form, I state all information true and up to date to my knowledge.

Affiant x _____

**State of Texas
County of Gregg**

This instrument was acknowledged before me on _____, 20_____

By _____

Notary Public's Signature

My Commission Expires: _____

Seal