

Utility Assistance Intake Application Request and Checklist

Dear Applicant,

Thank you for your interest in the Utility Assistance Program with Gulf Coast Utility Relief. Enclosed you will find an intake application for utility assistance and instructions to help you complete your application. This application is ONLY for residential accounts! Please note that a signed, completed intake application and all required documents must be submitted for your application to be processed in a timely manner. Failure to submit the required documentation listed below will result in delayed processing or denial of your application. Utility Assistance is provided one time per 12-month period.



**Please MAKE COPIES of all supporting documents,
DO NOT turn in originals!**



Intake applications can be submitted via mail or email:

Gulf Coast Utility Relief
P. O. Box 6262, Vanceleave, MS 39565
gulfcoastur@gmail.com

**Remember: Funding is limited and not all income qualified
individuals will be assisted**

Assistance is based on the number of persons in the household, total household gross income, the cost of energy, and funding availability. Final eligibility is determined only after receipt of the attached completed and signed application and all required documents.

To apply for utility assistance, you must complete the attached application. Print clearly utilizing an ink pen, do not use a pencil. If you make an error, do not use white-out. Simply draw a line through the error, initial it, and enter the correct information. Please remember to sign and date your application.

A checklist of mandatory documents is included to assist you in the application process. Incomplete and unsigned applications will delay the processing of your application.



CHECKLIST OF MANDATORY DOCUMENTS. All required documents must be included.
Incomplete applications will not be accepted and will be returned.

- Intake Form (GCUR 721 and 721D) – Fill out, sign and date – Please do not use white out
- Client Acknowledgement (GCUR 48) – Initial, complete, sign and date – Please do not use white out
- Current (most recent) water and/or gas propane bill - Entire bill (all pages) Showing 22+ days of usage – must be subject to disconnect
- Current (most recent) electric bill - Entire bill (all pages) Showing 22+ days of usage – must be subject to disconnect
- Household Income:

Must be current (last 4-weeks) - Needed for all members of the household

- Paychecks: copies of all check stubs (last 4-weeks), full consecutive month of pay. If there are gaps between pay periods or missing stubs attach brief explanation.
- Unemployment benefits: copies of EDD documentation reflecting a full consecutive month (within the last 4-weeks) or copy of online payment history showing the last 4 weeks of benefits received.
- Disability income/denial of income (State - EDD or Worker's Compensation) or copy of online payment history showing the last 4 weeks of benefits received.
- Child support- proof of income received within the last 4 weeks.
- Alimony (spousal support)- proof of income received within the last 4 weeks
- Social Security (SSA) - current bank statement showing direct deposit, award letter for current year or copy of check.
- Supplemental Security Income (SSI) - current bank statement showing direct deposit, award letter for current year or copy of check.
- TANF (cash aid) current Notice of Action or Passport to Service printout (**Current Month**)
- Pension/Annuities: Current year annual statements or monthly statement (**only**) no direct deposit or bank statement will be accepted
- Self-employment income - (1040 tax form and Schedule C) or profit and loss or journal (1-month)
- Job paid in cash (odd jobs - write statement declaring type of work and the amount of income earned for last 4 weeks)
- Ongoing family assistance- Written letter from family members or friends who have assisted you with ongoing expenses for the last 4 weeks stating what they have provided.

- Certification of Income and Expenses (GCUR 721C) - Need only if you or any household member 18 and older claims no income. Applicant must sign and date - Please do not use white out

- Account Holder Authorization and Consent Form (GCUR 70)

- Identification for applicant Only - Copy of Social Security Card, Picture ID, or other valid US ID

- Proof of U.S. Citizenship or Legal Resident Status (for Applicant Only). **Applicant must provide proof of U.S. Citizenship or Legal Resident Status at the time of application intake or within 30 days**

- U.S. Birth Certificate (**in the USA**)
- Certificate of Naturalization or Citizenship
- Military DD214: **IMPORTANT -- must show place of birth**
- Valid **Permanent** Resident Alien card (green card) -- **temporary work permit (NOT ACCEPTED)**
- U.S. passport

- Please also include the following:

- Food stamps Notice of Action (current)
- Low-income housing (current month) - Section 8 - HUD

Gulf Coast Utility Relief - Utility Intake Form

GCUR 721

First name	Middle Initial	Last Name	Date of Birth MM/DD/YY
SERVICE ADDRESS – Address where you live (this <i>cannot</i> be a P.O. Box)			
Service Address			Unit Number
Service City	Service County	Service State	Service Zip Code
Have you lived at this residence during each of the past 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your service address the same as mailing address?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing Zip Code
Social Security Number (SSN):		Telephone Number ()	
E-mail Address:			

PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including yourself →		INCOME Enter the total number of people who receive income →	
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total gross monthly income for all people living in the household:</i>	
Ages 0 – 2 Years		TANF	\$
Ages 3 - 5 years		SSI / SSP	\$
Ages 6 - 18 years		SSA / SSDI	\$
Ages 19 - 59		Paycheck(s)	\$
Ages 60 and older		Interest	\$
Disabled		Pension	\$
Native American		Other	\$
Seasonal or Migrant Farmworker		Total Monthly Income	\$

HOUSEHOLD MEMBERS
ENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.
If you have more than 7 people in your household, please list the information on a separate piece of paper.

First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			
Household Total Monthly Gross Income				\$	
Are you or someone in your household CURRENTLY receiving Food Stamps? ?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or someone in your household CURRENTLY receiving Housing Assistance?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PAY BILL	
To which energy bill (CHOOSE ONLY ONE) do you want the benefit to be applied? (Attach complete copy of most recent bill or receipt)	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other Fuel <input type="checkbox"/> Water	
Enter the energy company and account number:	
Company Name: _____ Account #: _____	
Is your utility service shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your utilities included in rent or submetered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your utilities all electric? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your Natural Gas Company the same as your Electric Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WOOD, PROPANE or FUEL OIL SERVICE (WPO)	
Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels).	
Number of Days: _____ <input type="checkbox"/> N/A	
ENERGY INFORMATION	
The questions below are MANDATORY . Please check all energy sources used to heat your home.	
A copy of all recent energy bills and/or receipts for any home energy cost must be provided.	
NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.	
What is the main fuel used to HEAT your home? One main heating source MUST be checked.	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other Fuel	
In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other Fuel <input type="checkbox"/> N/A	
Are you the account holder: Electric Bill <input type="checkbox"/> Yes <input type="checkbox"/> No / Gas Bill <input type="checkbox"/> Yes <input type="checkbox"/> No / Water Bill <input type="checkbox"/> Yes <input type="checkbox"/> No	

The information on this intake form will be used to determine and verify my eligibility for assistance. By signing below, I give my consent/permission to Gulf Coast Utility Relief (GCUR), its contractors or consultants, and to my utility company and its contractors, to share information about my household utility account, energy usage and or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be affective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. I understand that if my application for utility relief is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed now later than 15 days after the appeal is received. If I am not satisfied with GCUR's decision, I may then appeal in writing to the address listed on page one of this information packet. I declare, under penalty of perjury, that the information on this intake form is true correct and that the funds received will be used solely for the purpose of paying my energy cost and will be paid directly to the utility company.

X		
	*** APPLICANT'S SIGNATURE ***	Date

Applicant: Do not fill out the information below.	This section is for OFFICIAL USE ONLY.
Utility assistance decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Assistance applied for: <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Gas
Decision Date: _____ Amount approved: \$ _____	Disconnection of services prevented: <input type="checkbox"/> Yes <input type="checkbox"/> No
GCUR intake # _____ - _____	City: _____ County: _____
Assistance Payable to: _____	Account number: _____
Assistance pd by: check number # _____ or _____	Pay by phone conf # _____
Signature of Intake Officer: _____	Signature of Board member: _____

Gulf Coast Utility Relief – Customer Intake Form Demographics

GCUR 721D

CUSTOMER INFORMATION			
Last Name		First Name	Date of Birth
Today's Date			
Phone ()		Email	
Address		City	Zip Code
GENDER		MARITAL STATUS	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
ETHNICITY			
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
INDICATE YOUR RACE (SELECT ONE)			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unspecified			
INDICATE YOUR EDUCATION (SELECT ONE)			
<input type="checkbox"/> 0-8 th Grade <input type="checkbox"/> 12+ Some Postsecondary <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> 9-12 Education <input type="checkbox"/> GED <input type="checkbox"/> Graduate Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Unspecified <input type="checkbox"/> Vocational School			
INDICATE YOUR HEALTH INSURANCE (SELECT ONE)			
<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Provided by Employer <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Insurance for Adults <input type="checkbox"/> Unknown			
MILITARY STATUS (SELECT ONE)		DO YOU RECEIVE FOOD STAMPS?	
<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> No Military		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	
ARE YOU DISABLED?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer			
FARMER (SELECT ONE)		WORK STATUS (SELECT ONE)	
<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Not a Farmer		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-Term) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Unemployed Short Term > 6mos <input type="checkbox"/> Unknown	
DO YOU RECEIVE WIC? (SELECT ONE)		NON-CASH BENEFITS (SELECT ONE)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> LIHEAP <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> WIC	
INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE:			\$
<input type="checkbox"/> Employment <input type="checkbox"/> TANF <input type="checkbox"/> Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> Alimony <input type="checkbox"/> Rental <input type="checkbox"/> EITC <input type="checkbox"/> Work Comp <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> VA Service - Disability <input type="checkbox"/> VA Non-Service - Disability			
HOUSING STATUS (SELECT ONE)			
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Own - Multi-Family <input type="checkbox"/> Own - Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Temp Stable <input type="checkbox"/> Temp Unstable			

Gulf Coast Utility Relief – Client Acknowledgment

GCUR 48

Initial each line to acknowledge you have read and understand. Sign, date and complete the bottom of the page.

<input type="checkbox"/> I understand the GCUR utility assistance program is a privately funded program and that receiving assistance is based on eligibility (my household must meet the requirements and live in Harrison, Jackson or Hancock County); and also based on available funding.
<input type="checkbox"/> I understand that the Intake Application is processed in the order received and submission of my Intake Application does not guarantee assistance.
<input type="checkbox"/> I understand that the application processing period can take up to 30 days. I understand that if I do not submit all the REQUIRED documentation as listed on the Intake Application request instruction letter, there will be further delays in processing my application.
<input type="checkbox"/> I understand that GCUR will not secure any pledge(s) from the utility company or make utility payments until the Intake Application process has been completed and GCUR has confirmed the availability of funds. During this process, I am fully responsible for my bill before, during, and after the application and eligibility determination process is completed. Non-payment of a utility bill may result in interruption in service.
<input type="checkbox"/> I understand that GCUR will not pay any deposits or reconnection charges and that I am responsible for making payments of those charges to my utility provider.
<input type="checkbox"/> If my application is approved, I will receive a Notice of Eligibility (NOE), as well as benefit amount.
<input type="checkbox"/> If my application is denied, I will receive a Notice of Denial (NOD) with the reason(s) indicated.
<input type="checkbox"/> I understand that I can only apply for utility relief one (1) time per calendar year, per utility service.
<input type="checkbox"/> I certify that the address for which I am requesting assistance for is my primary residence that I currently live in.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

How did you hear about us: _____

Email address: _____

Contact Phone Number: _____

Gulf Coast Utility Relief – Certification of Income and Expenses

GCUR 721C

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. Gulf Coast Utility Relief requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?							
YES	NO	During the previous month have you been employed part time?					
YES	NO	During the previous month have you been self-employed?					
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?					
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:					
YES	NO	During the previous month did you receive any of the following: (circle any that apply)					
		<table border="0"> <tr> <td>WORKER'S COMP</td> <td>UNEMPLOYMENT</td> <td>GOVERNMENT SPONSORED BENEFITS</td> <td>CHILD SUPPORT</td> </tr> </table>	WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT	
WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT				
YES	NO	Do you receive any of the following (circle any that apply)					
		<table border="0"> <tr> <td>ANNUITY PAYMENT</td> <td>PENSION</td> <td>TRIBAL CASINO PAYMENTS</td> <td>RENTAL INCOME</td> <td>INSURANCE BENEFITS</td> </tr> </table>	ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME	INSURANCE BENEFITS
ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME	INSURANCE BENEFITS			

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

Section 3: Please tell us how you paid these monthly expenses during the previous months:			
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:
Rent or Mortgage	\$		Name: _____ Phone: _____ Address: _____
Utility Bills	\$		Name: _____ Phone: _____ Address: _____
Food	\$		Name: _____ Phone: _____ Address: _____

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

Signature:

By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

_____ Signature	_____ Date
--------------------	---------------

Gulf Coast Utility Relief – Account Holder Authorization and Consent Form

GCUR 70

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Applicant for Benefits		
Utility Service Address (Street)		Unit Number (if any)
(City)	State	Zip Code

UTILITY INFORMATION

Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

Name of Utility Company	Service Account Number
Name of Utility Company (if you have a second Utility Company)	Service Account Number

By signing this form, you (Account Holder) give your authorization and consent (permission) to GCUR, including its Director and any of its Board of Directors, and to your utility company and its contractors, to share information about your property's utility account, including but not limited to your payment history, and other information as needed for the period beginning 24 months prior to, and continuing for 24 months after, the date signed below. The information you authorize us to obtain will be used for the purposes of evaluating your application for utility assistance.

X		
	*** APPLICANT'S SIGNATURE ***	Date

PROOF OF CITIZENSHIP – ACCEPTABLE DOCUMENTS

If you are a citizen or legal resident of the United States any of the following documents are acceptable as proof of citizenship:

A. Primary Evidence

- Applicants Certificate of Birth showing name and place of birth
- Proof of permanent residence (green card)
- United States Passport showing place of birth
- Report of Birth Abroad of a U.S. citizen
- Certificate of Naturalization
- Certificate of Citizenship
- United States Citizen Identification Card
- Northern Mariana Identification Card
- Statement provided by a U.S. Consular Officer
- American Indian Card with a Classification code "KC"

Please be advised that: Individuals who hold an INS I-94 who are admitted as temporary entrants (such as students, visitors, tourists, diplomats, etc.) are **NOT** eligible to apply. Temporary resident card accompanied by a social security card that says "**For Work Only**" is not an acceptable proof of citizenship.

B. Secondary Evidence

If the applicant cannot present one of the documents listed in A. above, the following may be relied upon to establish U.S. citizenship or nationality:

- Religious Record recorded within 3 months after birth showing a place and date of birth
- Evidence of civil service employment by the U.S. government before June 1, 1976
- Early school records showing school date of admission, child and parent name, date, and place of birth
- Census record showing US citizenship, or place and date of birth, or age of applicant
- Adoption Finalization Papers showing place of Birth in any of the 50 States, District of Columbia, or other US. Jurisdiction such as: Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa or Northern Mariana Islands.
- DD214 (as long as it shows place of birth).
- Any other document that establishes a U.S. place of Birth or in some way indicates U.S. citizenship,

C. Collective Naturalization

If the applicant cannot present one of the documents listed in A or B above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands

Northern Mariana Islands (NMI):

- Evidence of birth in the NMI



P.O. Box 6262
 Vancleave, MS 39565
 (228) 332-4020
gulfcoastur@gmail.com
[Facebook @gulfcoastutilityrelief](https://www.facebook.com/gulfcoastutilityrelief)
www.gcur.net

MISSION STATEMENT

Our mission at Gulf Coast Utility Relief is to *provide the community with utility relief to help overcome life’s unexpected challenges.*

Income Limits

INCOME LIMIT	NUMBER OF FAMILY MEMBERS									
	1	2	3	4	5	6	7	8	9	10
Ext. Low	13,450	16,460	20,780	25,100	29,420	33,740	38,060	42,150	35,140	37,148
Very Low	22,350	25,550	28,750	31,900	34,500	37,050	39,600	42,150	44,660	47,212
Low	35,750	40,850	45,950	51,050	55,150	59,250	36,350	67,400	71,470	75,554