



Our mission:

"Neighbor helping neighbor to help strengthen families and communities within the City of Northglenn."

Utility Assistance Program Application

To be eligible to receive assistance with your Northglenn Utility bill you must meet the following guidelines:

- Resident of Northglenn for at least 6 months
- You provide complete and accurate information on the application form
- Annual household income is as follows:

Family members in household:

| | |
|---|----------|
| 1 | \$21,660 |
| 2 | \$29,140 |
| 3 | \$36,620 |
| 4 | \$44,100 |
| 5 | \$51,580 |
| 6 | \$59,060 |

Annual income and other financial benefits are below:

If you meet the above requirements, you may complete this application and mail it or drop it off at:

Northglenn City Hall
11701 Community Center Drive
Northglenn, CO 80233

Applications are reviewed at the beginning of each month, so it is highly recommended that your application is received by the first of the month. Once the application has been received by the Northglenn Community Foundation (NCF), the application will be reviewed and grants will be awarded based on the NCF determination of need and available resources. You will be notified by the mail about the status of your grant request after the applications are reviewed. The grants that receive funding will have the funds applied directly to the recipient's City of Northglenn utility bill. If you have received a disconnect notice from the City of Northglenn, please contact the city immediately to establish a payment plan and then submit this application as soon as possible. Grants are awarded approximately every 30 days; therefore, it is recommended that you make the appropriate financial arrangements.

ALL APPLICATIONS MUST BE COMPLETE IN ORDER TO BE CONSIDERED FOR FUNDING. THIS REQUIRES THAT ALL FIELDS WITHIN THIS APPLICATION MUST HAVE A RESPONSE AND THAT A COPY OF YOUR MOST RECENT CITY OF NORTHGLENN UTILITY BILL IS ATTACHED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING.

Applicants Name: _____ Application No# _____ (assigned by NCF)

Address: _____

Phone: _____

Northglenn Utility Account Number: _____

Grant Application Number: _____ (to be filled in by the NCF)

Household Profile:

| First Name (list all individuals living in the home) | Date of Birth | Age | Relationship to applicant | Medical Insurance Yes or No | Disabled Yes or No |
|--|------------------|-----|------------------------------|-----------------------------------|-----------------------|
| | | | Self | | |
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How many dependents do you claim on your tax return? _____

How long have you lived in Northglenn? _____

Housing status, circle one: Rent or Homeowner Monthly payment _____

Total Amount Due on your Northglenn Utility Bill: _____ Amount Past Due: _____

What is your average Northglenn Utility bill on a monthly basis? _____

Do you have a payment arrangement? Circle one: Yes or No

If Yes, what is the dollar amount that you can pay towards your bill? _____

Have you received a disconnect notice or shut off notice? Circle one: Yes or No

If yes, when are your utilities scheduled to be disconnected: _____

Is your hardship due to medical expenses? Circle one: Yes or No

If inability to pay your Northglenn Utility bill is due to a hardship related to medical issues or disability please explain: _____

Describe the circumstances which brought about the shortfall with your utility expenses:

What is your plan to pay future Northglenn Utility bills? _____

Fill in all that applicable fields with monthly dollar amounts that are received by any and all members of your household:

| Type of income: | Check this box if you have income from this source | Enter the monthly amount that is received |
|-----------------------------------|--|---|
| Employment/Salary/Wages | | |
| Self Employment Income | | |
| Unemployment | | |
| Social Security or SSI | | |
| Social Security Disability | | |
| Pension | | |
| VA Benefits | | |
| Child Support | | |
| Alimony | | |
| Legal Settlement | | |
| Section 8 | | |
| TANF | | |
| AND/OAP | | |
| Food Stamps | | |
| Other Sources of Income | | |
| Total Monthly Income and Benefits | | |

| | |
|------------------|---|
| | Please explain how you are currently paying for the following items: |
| Lodging | |
| Utilities | |
| Food | |
| Other | |

May the Northglenn Community Foundation share your story to help raise funds for this program?
(your identity will remain confidential.) Circle one: Yes or No

I hereby certify that this information is correct to the best of my knowledge. I authorize the reproduction and verification of this information. I give my permission to the Northglenn Community Foundation to exchange information regarding my application with appropriate resources in order to process my request for assistance. I specifically authorize the City of Northglenn to provide any necessary information from my utility billing account with the City to the Northglenn Community Foundation. I understand that by doing so, I am waiving the protections otherwise available to me pursuant to C.R.S. 24-72-204(3) (a) (IX) regarding the confidentiality of such information. I recognize that the services provided on the part of the Northglenn Community Foundation are subject to available resources. I understand that the decision of the Northglenn Community Foundation Grant Assistance Program are final and may not be appealed; however, future applications may be submitted for consideration. Finally, I swear or affirm that I am a U.S. citizen or a permanent resident of the U.S. or lawfully present in the U.S. pursuant to federal law. I further acknowledge that making a false, fictitious, or fraudulent statement or representations in this sworn affidavit is punishable under criminal laws of Colorado.

Signature

Date