Crisis Assistance Request

Name: _____

Address: _____

# of people in household _____ Phone Number: _____

Email address: _____

Employer: _____

Assistance Requested For:

___ Rent
Landlord/Rental Company: _____
Total bill amount: _____ Amount needed: _____
Payment Due Date: _____
Payment Address: _____

___ Electricity
Provider: _____ Account #: _____
Total bill amount: _____ Amount needed: _____
Payment Due Date: _____
Payment Address: _____

___ Water
Provider: _____ Account #: _____
Total bill amount: _____ Amount needed: _____
Payment Due Date: _____
Payment Address: _____

List any other organizations assisting with bill(s): _____
_____

Briefly describe reason for assistance request: _____
_____
_____

List any assistance programs in which household members are enrolled (SNAP, Medicaid/Hawk-i, etc): _____
_____

Please provide a copy, picture or screenshot of the bill for which you are requesting assistance.

I certify that all information provided on this form is accurate and complete.

Signature: _____ Date: _____

Office Use- SELCC Assistance Amount: _____ Date approved: _____

Approved by: _____ Date paid: _____