

UNITED WAY OF CENTRAL TEXAS

City of Belton

ARPA – Community Aid Fund

City of Belton Residents Only

Application for Individual/Family Assistance

Assistance available for: Housing, Utilities (Electric, Gas, & Water), Internet, Phone, and HOP Bus Services.

DOCUMENTS NEEDED:

- Completed Individual/Family Assistance Application
- Copy of ID
- Paycheck stub (or other sources of income) from last 30 days
- Current Ledger Statement from Leasing Office or Mortgage Statement
- Current and previous months bill for assistance requested

PERSONAL INFORMATION:

Name: _____

Address: _____

Phone: _____ Email: _____

Weekly Household Income: \$ _____

of people in household: _____ Ages: _____

Optional:

Race: _____ Gender: _____ Ethnicity: _____ Veteran: Yes No

Employment:

Are you employed? Yes No FT: Yes No PT: Yes No Student: Yes No

Self Employed: Yes No Seeking Employment: Yes No Unemployed: Yes No

HOUSING ASSISTANCE REQUEST:

Leasing Agent/Mortgage Company: _____

Address: _____

Manager/Landlord Name: _____

Manager/Landlord Phone: _____ Email: _____

HOUSING ASSISTANCE REQUEST CONTINUED:

Name on Lease or Mortgage: _____ Monthly Payment: \$ _____

Have you missed any payments Yes No If yes, how many and the \$ total: _____ \$ _____

Do you have any late fees? Yes No Total Amount Owed: \$ _____

ASSISTANCE REQUEST (ELECTRIC, GAS, WATER, INTERNET, AND PHONE):

Company: _____ Name on Bill: _____

Current Bill Amount: \$ _____ Amount Past Due: \$ _____

ASSISTANCE REQUEST (ELECTRIC, GAS, WATER, INTERNET, AND PHONE):

Company: _____ Name on Bill: _____

Current Bill Amount: \$ _____ Amount Past Due: \$ _____

ASSISTANCE REQUEST (ELECTRIC, GAS, WATER, INTERNET, AND PHONE):

Company: _____ Name on Bill: _____

Current Bill Amount: \$ _____ Amount Past Due: \$ _____

ASSISTANCE REQUEST (ELECTRIC, GAS, WATER, INTERNET, AND PHONE):

Company: _____ Name on Bill: _____

Current Bill Amount: \$ _____ Amount Past Due: \$ _____

ARE YOU REQUESTING HOP ASSISTANCE? Yes No

Please provide a short description, that includes how you heard about this program and how the COVID-19 Pandemic has financially impacted you and/or your family, in the box below:

I hereby certify that the information and statements made on this form and all information furnished in support of the application for assistance are true and correct to the best of my belief and knowledge. I agree to give United Way of Central Texas any information necessary to prove my eligibility. I furthermore give United Way of Central Texas permission to contact my employer, benefit provider, or creditors to verify information I have provided to establish my eligibility. I understand that this application will be considered without regard to race, color, religion, creed, national origin, or political belief. I understand I may be contacted within 90 days for a follow-up. I understand if granted assistance, it is a ONE TIME ONLY GRANTED ASSISTANCE. Please allow up to 5 business days for application review and processing.

Applicant's Signature: _____

Date: _____

OFFICE USE ONLY

Date Completed Application Received: _____