

Winter Weather Recovery Fund

Application for Individual/Family Assistance

WinterWeatherFund@uwct.org

Program Requirements Checklist: ALL DOCUMENTS BELOW MUST BE TURNED IN BEFORE APPLICATION CAN BE REVIEWED. NO EXCEPTIONS.

All Applicants:

- Completed application
- Copy of Driver's License or State Identification Card or other Federally issued Identification Card for all household members over age 18
- For Utility Bill Assistance: Copy of expenses for January 2021 and copy of expenses for February 2021
- For Insurance Deductible: Proof of insurance along with copy of the insurance policy
- For Insurance Deductible & Home Repair Assistance: Copy of invoice/bill for home repair (ex - plumber, electrician, construction company)

Assistance Requested:
(check all that apply)

Utility - Water

Utility - Electric

Insurance Deductible

Home Repair
Assistance

How did you hear about the UWCT Winter Weather Recovery Fund?

PERSONAL INFORMATION

Applicant Name: _____ Co-Applicant Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Alternate Email: _____ Alternate Phone: _____

of people in household: _____ Ages: _____

HOUSEHOLD MEMBERS

Name	Relation to Applicant	Date of Birth	Age	Gender	Ethnicity-Hispanic (Y/N)	Race-select # below*

***Race - select one (1) and place number in section above.**

11 - White; **12** - Black/African American; **13** - Asian; **14** - American Indian/Alaska Native; **15** - Native Hawaiian/Other Pacific Islander; **16** - American Indian/Alaska Native & White; **17** - Asian & White; **18** - Black/African American & White; **19** - American Indian/Alaska Native & Black/African American; **20** - Other Multi-Racial

UTILITY ASSISTANCE REQUEST (includes city water bills)

Include copy of utility invoice with this application

Utility Company or City Utilities: _____

Billing Address: _____

Name on Bill: _____

Have you missed any payments: Do you have any late fees: _____

Jan. 2021 Bill Amount: _____ Feb. 2021 Bill Amount: _____ Amount Past Due: _____

Are you able to make a partial payment: If yes, how much: _____

INSURANCE ASSISTANCE REQUEST

Include copy of insurance policy including deductible along with any invoices for home repair.

Insurance Company: _____

Billing Address: _____

Phone: _____ Email: _____

Name(s) on Policy: _____

Monthly Premium: _____ Insurance Deductible: _____

Do you have a bill/invoice for home repair? If yes, type of repair and name of repair company:

Repair Bill Amount: _____ Amount Past Due: _____

Are you able to make a partial payment: If yes, how much: _____

HOME REPAIR ASSISTANCE REQUEST

Include a copy of all invoices for home repair.

Repair Company: _____

Billing Address: _____

Phone: _____ Email: _____

Name(s) on Bill: _____

Repair Bill Amount: _____ Amount Past Due: _____

Are you able to make a partial payment: If yes, how much: _____

Additional Repair Company: _____

Billing Address: _____

Phone: _____ Email: _____

Name(s) on Bill: _____

Repair Bill Amount: _____ Amount Past Due: _____

Are you able to make a partial payment: If yes, how much: _____

Additional Repair Company: _____

Billing Address: _____

Phone: _____ Email: _____

Name(s) on Bill: _____

Repair Bill Amount: _____ Amount Past Due: _____

Are you able to make a partial payment: If yes, how much: _____

Additional Repair Company: _____

Billing Address: _____

Phone: _____ Email: _____

Name(s) on Bill: _____

Repair Bill Amount: _____ Amount Past Due: _____

Are you able to make a partial payment: If yes, how much: _____

Winter Storm Uri has affected my household in the following way:
(describe the need for assistance and how the household has been affected by Winter Storm Uri)

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 statements about my eligibility. I furthermore give United Way of Central Texas permission to contact my insurance provider and/or home repair company(s) 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 believe. I understand if granted assistance, it is a ONE TIME ONLY GRANTED ASSISTANCE.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____