

**City of Raleigh
Utility Assistance Application
Wake County Human Services**

County Case Number: _____ Social Security Number: _____ Date of Birth: _____

Customer Name: _____
First
MI
Last
Jr/Sr etc.

Residence Address: _____

Mailing Address: _____
Street
City
Zip

Phone Number: _____ Email Address: _____

Household Members (List all individuals including yourself)	Date of Birth	Social Security Number	Employer	Income (wages, salary, overtime, hazard pay, commissions, fees, tips, and bonuses before payroll deductions: amounts & how often paid) ¹	Date last received

Please indicate all sources of additional income for each member of the household:

Source/type	No	Yes	If yes, who:	Amount:	Date last received:
Work First Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
SSI Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Pandemic Unemployment	<input type="checkbox"/>	<input type="checkbox"/>			
Child Support	<input type="checkbox"/>	<input type="checkbox"/>			
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>			
Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>			
Retirement/Pension	<input type="checkbox"/>	<input type="checkbox"/>			
Armed Forces/Military Pay	<input type="checkbox"/>	<input type="checkbox"/>			
Self-employment	<input type="checkbox"/>	<input type="checkbox"/>			
Adoption Assistance Payments	<input type="checkbox"/>	<input type="checkbox"/>			
Welfare Assistance	<input type="checkbox"/>	<input type="checkbox"/>			
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>			
Interest/Dividends	<input type="checkbox"/>	<input type="checkbox"/>			
Independent Contractor	<input type="checkbox"/>	<input type="checkbox"/>			
Re-occurring Cash Gifts	<input type="checkbox"/>	<input type="checkbox"/>			
Asset Income (ie. Stocks, Bonds, 401K, annuities, settlements, lottery winnings, inheritance)	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

**City of Raleigh
Utility Assistance Application
Wake County Human Services**

Please list any additional family members or income not included on page 1:

Are you currently receiving?		Office Use Only- Verification:
Energy Assistance (CIP/LIEAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	ONBASE
Food & Nutrition Services (FNS/SNAP/Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	ONBASE
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	OBASE
Work First	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you received City of Raleigh Water Assistance? Yes No If yes, most recently? _____

Are you renting your home/apartment? Yes No Other: _____

Amount due? _____ Service current on? Yes No

City of Raleigh Utility Account Number: _____ Name on Account: _____

If you are not registered to vote where you live now, would you like to apply to register to vote here today? Yes No
IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

CIVIL RIGHTS

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.

RIGHTS AND RESPONSIBILITIES

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to the best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the City of Raleigh Bill Assistance Program. I understand that the information on this form may be checked by the Federal, State, County or City reviewer and I agree to this review.

I understand that if I receive City of Raleigh Water Assistance, \$275 will be applied to my account; however, if I have a credit balance at the time of service termination, the funds will return to the City of Raleigh.

Registering to vote is easy in North Carolina. State law requires voters to register 25 days before an election. DSS can help you with registration paperwork. If you would like to register to vote in North Carolina, ask your caseworker for a voter registration form, and if you need help, to assist you in completing the form. **Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by the agency.** If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the North Carolina State Board of Elections, P O Box 27255, Raleigh, NC 27611-7255, or you may call the toll free number, 1-866-522-4723.

Both parties agree to accept an electronic signature in lieu of a manual signature and that the electronic signatures captures herein are capable of certification in accordance with N.C.G.S. § 66-58.5. The applicant hereby certifies that it has personally completed this application electronically and that the signature are 1) unique to the applicant, 2) capable of certification, 3) under the sole control of the applicant, 4) capable of validation, and 5) shall be deemed an original for all purposes in connection with this Application and the representation made herein. The applicant further certifies that the e-signatures provided herein shall have the same force and affect as a manual signature in accordance with N.C.G.S. § 66-58.5.

Signature – Applicant

Date