County Case Number:       Last 4 SSN:       Date of Birth:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Customer Name: |       |   |       |       |
|  | First | MI | Last | Jr/Sr etc. |
| Residence Address: |       |
|  |  |  |  |  |
| Mailing Address: |       |       |       |
|  | Street |  | City | Zip |
|  |  |  |  |  |
| Phone Number: |       | Email Address: |       |

|  |  |  |
| --- | --- | --- |
| **Which services are you receiving?** |  | Office Use Only- Verification: |
| Energy Assistance (CIP/LIEAP) | [ ]  Yes [ ]  No | Sharepoint/CIP  |
| Food & Nutrition Services (FNS/SNAP/Food Stamps) | [ ]  Yes [ ]  No | ONBASE |
| Medicaid | [ ]  Yes [ ]  No | OBASE |
| Work First | [ ]  Yes [ ]  No |       |

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

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 [x] 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, $240 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.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature – Applicant Date |  | Signature – Employee Date |

Applicant:

1. **COMPUTATION OF INELIGIBLE ALIEN’S INCOME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Ineligible Alien #1 |  | Ineligible Alien #2 |
|  |  | Earned |  | Unearned |  | Earned |  | Unearned |
| 1. Alien’s Total Countable Gross Income:
 |  |       |  |       |  |       |  |       |
| 1. Total Number in Household (including Alien):
 |  |       |  |       |  |       |  |       |
| 1. Prorate Share (A/B):
 |  |       |  |       |  |       |  |       |
| 1. Number of Eligible Household Members:
 |  |       |  |       |  |       |  |       |
| 1. Amount to Count (C x D):
 |  |       |  |       |  |       |  |       |

If it is earned income, enter the total amount to count (E.) in II. A.3.

If it is unearned income, enter the total amount to count (E.) in III.F.

1. **COMPUTATION OF NET EARNED INCOME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Gross Wages**
 |  | Amount |  | Verification-Source-Date-Computation |
| 1. Household Member 1
 |  |       |  |       |
| 1. Household Member 2
 |  |       |  |       |
| 1. Ineligible Alien(s)
 |  |       |  |       |
| 1. Business & Self Employment
 |  |       |  |       |
| 1. Other
 |  |       |  |       |
| **Total Gross Wages (1 through 5)** |  |       |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Work & Related Expenses**
 |  | Amount |  | Verification-Source-Date-Computation |
| 1. Household Member 1
 |  |       |  |       |
| 1. Household Member 2
 |  |       |  |       |
| 1. Ineligible Alien(s)
 |  |       |  |       |
| 1. Legal Support Obligation
 |  |       |  |       |
| 1. Child Care
 |  |       |  |       |
| **Total Expenses (1 through 5)** |  |       |  |  |

1. Total Countable Earned Income (II.A. Minus 11.B.)
2. COMPUTATION OF NET UNEARNED INCOME

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Amount |  | Verification-Source-Date-Computation |
| 1. Work First Benefits
 |  |       |  |       |
| 1. SSI Benfits
 |  |       |  |       |
| 1. Social Security
 |  |       |  |       |
| 1. Veterans Benefits
 |  |       |  |       |
| 1. Unemployment Benefits
 |  |       |  |       |
| 1. Ineligible Alien(s)
 |  |       |  |       |
| 1. Child Support
 |  |       |  |       |
| 1. Other
 |  |       |  |       |
| **Total Gross Unearned Income (A through H)** |  |       |  |  |

1. MEDICAL DEDUCTION

|  |  |  |
| --- | --- | --- |
| $85 Per Specified Person |  |       |
|  **Total Medical Deduction** |  |       |

1. COMPUTATION OF TOTAL COUNTABLE INCOME

|  |  |  |
| --- | --- | --- |
| 1. Total Earned & Unearned Income (II.C. plus III)
 |  |       |
| 1. Total Medical Deductions (IV)
 |  |       |
|  **TOTAL COUNTABLE INCOME (A. Minus B.)** |  |       |

Number Eligible in Household:       Eligible Based on Income? [ ]  Yes [ ]  No

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Case Worker Signature Date