



City Application for Utility Payment Assistance

This utility assistance payment program is a collaboration between the City of San Marcos and our four partnering agencies: Business and Community Lenders (BCL) of Texas; Community Action, Inc., of Central Texas; Communities in Schools; and Salvation Army of San Marcos

Utility payment assistance is for the residents of San Marcos with City of San Marcos utility services.

Date
Name of account holder (Must be in Household)
Client Name
Relationship to applicant
Date of birth
Phone Number
Service address
Mailing address if different
Email address

If you submit this application on behalf of the account holder, please provide your contact information and reason for submitting on their behalf.

1. Do you receive one of the following? Check all that apply

- Free/Reduced Price Lunch (FRPL)
- Supplemental Nutrition Assistance Prog (SNAP)
- Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Medicaid Medicare Children's Health Insurance Program (CHIP)

The following documents are required:

- Identification: This may include driver's license, passport, Enhanced Library card, US Military ID or Veteran ID Card (VIC), or other Government Issued ID.
- Proof of Income (s): This may include check stubs (weekly-4 stubs, bi-weekly-2 stubs, monthly-1 check stub; Self-employment-bank statement or P&L statement, Supplemental Security Income (SSI), Military pay documentation
- Supporting documentation of emergencies or economic hardship.
- Recent utility billing statement

2. Utility Assistance may be awarded up to four (4) times a year.

Have you received assistance from one of the following agencies within the past year?

Yes No

- Business and Community Lenders: BCL of Texas
- Community Action
- Communities in Schools
- Salvation Army

3. If yes, please list the following information.

Date of Application	Agency Name	Amount Received
		\$
		\$
		\$
		\$

The information that I have provided is true and correct to the best of my knowledge and belief.

Signature: _____ Print Name: _____

Date: _____

Agency Use Only:

Application Criteria:

Low income (250% of the federal poverty level) families
 Elderly (60 years or older) Disabled Military Veterans
 Have children in the household age 5 years or younger

Approved Amount of Pledge: \$ _____

Denied Reason for denial: _____

Staff
 Signature _____ Date _____