
**ESG-CV EMERGENCY RENT AND UTILITY ASSISTANCE PROGRAM
REQUEST FOR ADDITIONAL FINANCIAL ASSISTANCE FORM**

Date of this request: _____

Applicant Name: _____

Applicant Address: _____

Number of months and total amount of previous assistance: _____

Additional Assistance is being requested in the following amounts for the periods noted:

Rental Assistance Amount Requested for this use: \$ _____

Rent Payable to: _____

Time period covered by this request: _____

Utility Assistance Amount Requested for this use: \$ _____

Electricity – Amount owed: _____

Name of Service Provider: _____

Account Number: _____

Time period covered by this request: _____

Natural Gas – Amount owed: _____

Name of Service Provider: _____

Account Number: _____

Time period covered by this request: _____

Water/Sewer/Trash – Amount owed: _____

Name of Service Provider: _____

Account Number: _____

Time period covered by this request: _____

Total Amount Requested: _____

Maximum six months of assistance and a total benefit amount of \$15,000 per household.

I understand the ESG-CV Emergency Rent and Utility Assistance Program payments request must be supported with appropriate documentation as noted in the application for assistance. Further, I understand that payments are subject to funding availability and will be made directly to third parties as noted above on my behalf.

Applicant Signature

Date

****Note this form must be submitted a minimum of 15 days prior to due date and must be accompanied by a current Landlord Certification of Rent Amounts Due, applicable utility bills, and Certification of Non-Duplication of Benefits***