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**CDBG-CV SHORT-TERM RENT AND UTILITY ASSISTANCE PROGRAM  
REQUEST FOR FINANCIAL ASSISTANCE FORM**

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Assistance provided for:**

**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 \$10,000 per household.*

I understand the CDBG-CV Short-Term 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 will be made directly to third parties as noted above on my behalf.

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Applicant Signature

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Date