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.

_________________________________________  _____________________________
Applicant Signature                        Date