



BPUB Utility Assistance Program Application

Select a program below. Programs details at <https://www.brownsville-pub.com>

ELIAP
(Elderly - Low Income)

SHARE
(Financial Distress)

I am applying concerning the following qualification(s): Unemployed Underemployed Low Income Other

Have you been assisted by a BPUB Program in the last 12 months? Yes No If yes, select one SHARE ELIAP

Customer Information

Account No. _____

Full name (Last, First, Middle) _____ ID # _____

Date of Birth (mm/dd/yyyy) _____ Age _____ SSN* _____ Disabled (Check if Yes)

* Not a requirement to qualify

Service Address _____ Street _____ Unit _____ City _____ State _____ Zip Code _____

E-mail _____ Home Phone _____ Mobile # _____

List of Additional Household Members

Name	SSN	Date of birth	Relationship
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

Total Number in Household : _____ Use additional sheets if there are more than 6 members in the household

Income and Benefits (Check all that apply. Proof of income, unemployment or reduced hours is required)

- No Income Pension Food Stamps Medicare/Medicaid
- Employed* VA Benefits General Assistance Private Health Insurance
- Unemployment Benefits Social Security Supplemental Security Income (SSI)
- Other Source of Income Child Support Temp. Assistance for Needy Families (TANF)

*If Employed, provide Employer's Name _____ Work Phone _____

Certification

My signature on this application gives my permission to BPUB or its authorized agents to verify any information I give about where I live, my jobs, income, resources, review utility services consumption, cost and billing information for program evaluation, operation, and/or reporting purposes. My signature also confirms my understanding that any Social Security number(s) given may be used in the administration of this program, including verification for cross matches with BPUB accounts, and that I may qualify but not be assisted because program funding has depleted or the program has been cancelled.

I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.

Signature of Applicant Date

Signature of Case Worker Date

