



# 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  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 \_\_\_\_\_ Disabled  Yes  No

Service Address \_\_\_\_\_  
Street Unit City State Zip Code

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile # \_\_\_\_\_

## List of Additional Household Members

Name	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