

City of Cooper City Utility Bill Emergency Assistance Program

An emergency Assistance Program has been established to provide eligible Cooper City residents who are experiencing difficulty paying the City's utility bill on their personal residence with one time financial help, not to exceed \$200.00, to be applied directly to the overdue charges on the utility bill.

This Program benefits low-income residents who are having temporary financial difficulty due to unexpected expenses, such as illness, medical bills, or lost income, and help households avoid additional financial hardship in the form of utility shut off and reconnect fees.

Residents who apply for emergency assistance with utility bills are given help in the form of referrals to other appropriate social services agencies, or credit counseling services, even if they are not found eligible for the Cooper City's Assistance Program at that time.

Eligibility:

In order to be eligible to apply for assistance from the Program, individual must:

- be the person responsible for the utility bill on a residence and reside at the property address;
- have overdue utility charges, and in eminent risk of service shut-off due to a temporary financial hardship;
- be a resident of Cooper City and a legal resident of the United States;
- be willing to provide details of their personal finances, their emergency situation and of efforts made to resolve their financial difficulties;
- not have received assistance from the Program within the current calendar year.

Financial Eligibility

To be found eligible for assistance, applicants must meet one or more of the following criteria:

- must qualify for and receive the extra senior citizen homestead exemption as shown on TRIM or other document from the Broward County Property Appraiser;
- or qualify for the USDA Food Stamp program (SNAP) & present a current Food Stamp ID card (SNAP debit card);
- or have a gross household income below 130% of the current published Federal poverty level, as shown by copies of income tax returns and/or current pay stubs, and all other sources of combined income received by members of the household and have limited available funds in checking, savings or other liquid assets.

Application Process

The application form may be obtained from the Utility Billing Department. Please contact Joanne Hooks, Customer Svc. Supervisor at (954) 434-4300 x 242.

Return the completed Program application, as soon as possible, with copies of the requested documentation including income, expenses, and resources for all members of the household, as outlined in the application form. If your household has had a major change in circumstances (i.e. separation, divorce or illness), you will be asked to provide proof of your current situation.

The Emergency Assistance Committee will review the application and notify you of the decision. The number of households assisted annually depends on the amount of eligible applications and the amount allocated to the Utility Bill Emergency Assistance Program fund.

Cooper City Utility Bill Emergency Assistance Program Application Form

Utility Account # _____ For City Use Only: Date Received _____

Name on account (if different) / Relationship _____ Own _____ Rent _____

Name: _____ Home Phone #: (____) _____

Address: _____ Cell Phone # (____) _____

Date of Birth: _____ US Citizen _____ Legal Resident _____ Proof _____

Marital Status: Single _____ Married _____ Divorced _____ Shared _____ Widowed _____

Spouse or partner Name: _____ Cell Phone # _____

Reason for application _____

Have there been any recent changes in household situation? Describe _____

Does the household receive the additional Senior Homestead Exemption? Y _____ N _____
Please attach TRIM notice or copy of Property Tax bill.

Are you or anyone in the household receiving Food Stamps, SSI or Medicaid Benefits?
Y _____ N _____ Type of Assistance _____ Proof/ ID card _____

Household Members: List ALL persons living with you at the above address/ Adults & Children

Name _____ D.O.B _____ Relationship _____

Please use back of form to list additional household members if needed.

Household Income: Earned Income: (Please attach copies of previous 2 years income tax returns and pay stubs for the past 60 days, for all working members of the household)

Applicant: Amount of earnings: \$ _____ () wkly () bi-wkly () monthly F/T___ P/T___

Company name _____ Supervisor name & phone _____

Other Adults/ Earned Income: Name _____ Amount: \$ _____ () wkly () bi-wkly

Company name _____ Supervisor name & phone _____

Self-employment Income: Name _____ Type of business: _____

Amount of earnings: \$ _____ () wkly () bi-wkly () monthly F/T___ P/T ___

Household Income: Unearned / Other: Please attach proof or benefit statements for all income.

Child Support/ Alimony: rec. by _____ Amount \$ _____ how often _____

Unemployment Comp.: rec. by _____ Amount \$ _____ how often _____

Disability Benefits/ Pensions: rec. by _____ Amount \$ _____ () monthly

Social Security/ SSI benefits: rec. by _____ Amount \$ _____ () monthly

Pensions or VA Benefits: rec. by _____ Amount \$ _____ () monthly

Interest/ Investment/ Dividends: rec. by _____ Amount \$ _____ how often _____

Other Income: _____ rec. by _____ Amount \$ _____ how often _____

Resources held by all members of the household:

(Attach all bank, checking, savings and / or investment account statements for the past 90 days)

Checking acc: Name: _____ amount \$ _____ bank name/ location: _____

Checking acc: Name: _____ amount \$ _____ bank name/ location: _____

Savings/ CD's/ Investments/ Stocks/ Bonds/ Annuities/ Trust Funds/ Other:

Name: _____ amount \$ _____ bank or institution name/ location: _____

Name: _____ amount \$ _____ bank or institution name/ location: _____

Name: _____ amount \$ _____ bank or institution name/ location: _____

List all cars, vehicles, RV's, motorcycles, boats currently owned or used by the household:

Monthly Expenses: Please attach copies of most recent household bills & credit card statements.

Mortgage/ Rent \$ _____ FPL \$ _____ Phone \$ _____ Cell Phone \$ _____

Utilities/ water \$ _____ House Ins. _____ Cable \$ _____ Internet \$ _____

Car payments \$ _____ Car Ins. \$ _____ Finance loans \$ _____ other \$ _____

Credit Cards: #1) type _____ mo. pay \$ _____ #2) type _____ mo. Pay \$ _____

#3) type _____ mo. pay \$ _____ #4) type _____ mo. Pay \$ _____

Does anyone outside the household assist with paying any household bills? **Yes** _____ **No** _____

Name of person/ agency _____ which bills/ amount _____ \$ _____

Release of Confidentiality

I hereby authorize the City of Cooper City to obtain information from sources, including, but not limited to, federal or state agencies, banks and financial institutions, employer(s) and utility companies, necessary to determine my eligibility for the Utility Bill Emergency Assistance Program.

As an applicant for the Utility Bill Emergency Assistance Program, I hereby swear and affirm under the penalties of perjury that I reside at the Cooper City address listed on this application, and that all information provided on this application is true and correct. I understand and agree that this application and any documentation obtained becomes the sole property of the City of Cooper City.

Applicant's Signature

Date

Printed Name

SWORN TO AND SUSCRIBED before me on this _____ day of _____, 201_____

by _____, who is personally known to me or has produced
_____ as identification.

NOTARY PUBLIC

My commission expires: _____

Commission No.: _____

This page is to be completed by the Emergency Assistance Committee

Application Review/ Eligibility Determination Date of review: _____

Documentation used to determine eligibility:

Proof of Cooper City Residence _____

Proof of Citizenship or legal status _____

Food Stamp ID Card _____ Senior Citizen Exemption _____

Total liquid assets/ resources: \$ _____ Total monthly Income \$ _____

Application pending documentation of the following: _____

Notes/Comments: _____

Status of Eligibility:

Approved _____ Date _____ Amount Approved \$ _____

Not approved _____ Date _____

Reason _____
(Example: too much income, resources, lack of proof, etc.)

Signature of committee members:

Name

Signature

Name

Signature

Name

Signature

Supplement to Utility Bill Assistance Program Application

The following documents must be attached to your application for assistance. Failure to submit all items below may result in denial of the application. After review, you will be contacted about the status of your application.

Please note: If your application is approved, funds will be applied directly to your Cooper City Utilities account.

- _____ Proof of job loss (if applicable)
- _____ W-2 forms from last 2 years
- _____ Recent pay stubs- (All working household members- last 2 months)
- _____ Copy of Food Stamp (SNAP) eligibility (if applicable)
- _____ Recent (3 months) bank statement(s)
- _____ TRIM notice (senior citizen Homestead Exemption if applicable)
- _____ Resident's valid Florida Driver License or State I.D. indicating property address
- _____ Copies of other sources of income (if applicable)
- _____ Copies of recent monthly bills
- _____ Application Notarized

Return your information in an envelope, for your privacy.

Submit completed application to:

***Utility Bill Assistance Program Review Board
Utility Customer Service Window
Attn: Joanne Hooks, Customer Svc. Supervisor
9090 SW 50th Place
Cooper City, FL 33328
954-434-4300 x 242***