

GIVE FROM THE HEART

PROGRAM OUTLINE

The assistance program is designed to assist households who are on fixed or limited incomes and meet the eligibility criteria. If you are eligible, the amount of benefit will depend on how many people reside in the home, total household income and the number of services with the City of Safford. Benefits will be in the form of a payment applied to your City of Safford account monthly. Applications will be reviewed every year to determine continued eligibility.

ELIGIBILITY

- * Picture ID with your name and address
- * Current City of Safford residential customer with the account in your name
- * Proof of residency at the address where the discount will be received
- * Meet the minimum age requirements of 62 or above
- * Must be primary residence
- * Social Security Card
- * Total yearly income must be at or below the following number of household members:
 - 1 household member - \$15,456.00
 - 2 household members - \$20,904.00
 - 3 household members - \$26,352.00

Complete application and provide **all proof of income for everyone in the household** (Failure to do so may result in your application process being delayed without notification).

YOU MUST COUNT ALL SOURCES OF YOUR HOUSEHOLD INCOME FOR ALL PEOPLE LIVING IN THE HOME, INCLUDING BUT NOT LIMITED TO:

Wages or Salaries	Supplemental Security Income (SSI)
Wages from Self Employment	Social Security Income
Interest or Dividends above \$50.00 from:	Retirement or Pensions
Savings Accounts	Veteran's Benefits
Stocks or Bonds	TANF Cash Assistance
Retirement Accounts	Child Support
Unemployment Benefits	Spousal Support
Rental or Royalty Income	Scholarships, Grants, or other Aid Used for Worker
Compensations	living Expenses

- **Any late payments, penalties and/or locked for non-payment will disqualify you from the program without notice. Do not depend on Community Action, Salvation Army or any other assistance vouchers as a form of payment due to processing the vouchers.**

GIVE FROM THE HEART ASSISTANCE APPLICATION

- Please print clearly
- Incomplete information may delay your application review
- Please attach all proof of income and/or assistance for everyone in the household
- You must be 62 years of age or older to qualify

City of Safford account number _____ - _____ - _____

Social Security number _____ - _____ - _____ Date of Birth _____ - _____ - _____

Name as it appears on bill (first, middle, last): _____

Service Address (number and street): _____

City: _____ State: _____ Zip: _____

Home telephone (____) _____ - _____ Cell Number (____) _____ - _____

Work telephone (____) _____ - _____

Number of Persons in Household Adults _____ +Children _____ =Total _____

List Household members: _____

Total household monthly income before taxes and/or deductions \$ _____

Do you receive Public Assistance? _____ If yes, Case Number _____

Permission is hereby granted to City of Safford to contact any sources necessary to establish the accuracy of information given by me or other information that pertains to the verification of my eligibility to receive the discount. I understand that if I become ineligible for the discount; I must notify the City of Safford immediately. I further understand that if I move, the discount amount applied to the new address may change.

The signature below certifies under penalties of perjury that all information relative to eligibility is correct. Any person obtaining a discount based on false information may be required to repay discount amounts in full.

Please allow up to 60 days to process:

Customer Signature: _____ Date: _____

Do Not Write Below This Line

City of Safford use only:

Date rec'd: _____ Denied: ___ Approved: ___ Amount of Discount: \$ _____