



Community and Economic Development Agency  
&  
Benefit Enrollment Centers

**HOUSEABOUTIT**

**COVID-19 CARES ACT ASSISTANCE APPLICATION**

Mortgage Assistance

Food/Grocery Assistance

Utilities Assistance

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Utility Information: Utility Carrier: \_\_\_\_\_ Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bill Amount: \_\_\_\_\_ Household size: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_ List all household income: \_\_\_\_\_

Documentation Proof: Photo ID Utility bill \_\_\_\_\_ Income Verification \_\_\_\_\_ other \_\_\_\_\_

Additional Information/ Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided in this application for utility payment assistance is both true and accurate. I also certify that I have not received utility payment assistance from any other agency or program within the last 30 days. I understand that if any information provided is found to be false and/ or misleading, my application for utility payment assistance will be denied and withdrawn.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Forward all required documents and application to: [info@houseaboutit.org](mailto:info@houseaboutit.org)**  
**Subtitle: CARES**

For Office Use: \_\_\_\_\_

Approved \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Denied \_\_\_\_\_ Reason for denial: \_\_\_\_\_

Employee Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_