



CITY OF
SANFORD
 PUBLIC WORKS & UTILITIES
 DEPARTMENT

**City of Sanford
 Utility Division
 Good Neighbor Utility Funds Assistance
 Preliminary Application**

OFFICE USE ONLY
Approved: _____
Assistance Amount: _____
Comments: _____

Date: _____ Account Number: _____

Owner of Home (If different from account holder): _____

Head of Household

Name: _____

Address: _____

Property for Assistance: _____

Legal Description: _____

Telephone: _____

Home _____ Work _____ Alternate _____

Age: _____ Sex: _____ DOB: _____ Marital Status: _____

Household Occupants (Other than Husband/Wife)

Name/Relationship	Sex/Age
_____	_____
_____	_____
_____	_____
_____	_____

Employment Information

Head of Household Employer: _____

Employers Address: _____

Circle: Weekly / Monthly / Yearly

Position Title	Income	Years Employed
_____	_____	_____

Employment continued.

Other Income/Assets:

Type: _____ Amount: _____

Circle: Weekly / Monthly / Yearly

Type: _____ Amount: _____

Circle: Weekly / Monthly / Yearly

Type: _____ Amount: _____

Circle: Weekly / Monthly / Yearly

Additional Income (Other than Husband/Wife)

Name: _____

Employer Address: _____

Circle: Weekly / Monthly / Yearly

Amount: _____

Nature of Emergency:

Other Assistance Received for Emergency:

Amount Requested: _____

Applicant's Signature: _____ Date: _____