



City Council
 Beverly H. Burks, Mayor
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 Laura Hopkins Susan Hood
 Debra Johnson

Shawanna Qawiy, Interim City Manager, City of Clarkston

JAN/FEB/MAR 2022

* TEMPORARY UTILITY PAYMENT ASSISTANCE PROGRAM *

(Clarkston, GA)— The Clarkston City Council has allocated up to **\$50,000.00** from its share of the **Federal AMERICAN RESCUE PLAN ACT (ARPA)** to provide for a temporary **UTILITY PAYMENT ASSISTANCE grant program to Clarkston residents** impacted by the COVID-19 health/economic crisis. Due to the virus’ impact resulting in job loss and related financial hardships including the inability to make **UTILITY** payments, the following process is offered to individuals and families to apply for temporary utility payment assistance:

1. **COMPLETE & PROVIDE ALL INFORMATION REQUESTED BELOW.**
2. **UTILITY BILL MUST BE FOR A PROPERTY WITHIN THE CORPORATE LIMITS OF THE CITY OF CLARKSTON.**
3. **UTILITY DEFINED AS: WATER, SEWER, ELECTRIC, and/or GAS**
4. **MUST PROVIDE A COPY OF YOUR DRIVER’S LICENSE OR OTHER GOVERNMENT-ISSUED IDENTIFICATION**
5. **MUST PROVIDE A COPY OF YOUR MONTHLY UTILITY BILL.**
6. **MUST LIST ALL RESIDENTS LIVING IN UNIT, INCLUDING ALL DEPENDENTS.**
7. **MUST PROVIDE PROOF OF LOSS OF INCOME DUE TO THE COVID-19 HEALTH/ECONOMIC CRISIS.**
8. **MAXIMUM BENEFIT TO A SINGLE BENEFICIARY: \$1,000.00 or 3 MONTH’S UTILITIES.**

APPLICANT NAME: _____

FIRST
MIDDLE
LAST

DATE OF BIRTH: (MONTH) _____ (DAY) _____ (YEAR) _____

ADDRESS: _____

STREET NUMBER
STREET NAME

PHONE: _____ **EMAIL:** _____

UTILITY SERVICE YOU ARE REQUESTING ASSISTANCE (Please Circle):

GAS
WATER
SEWER
ELECTRICITY

TOTAL NUMBER OF PEOPLE (INCLUDING APPLICANT) LIVING IN RESIDENCE: _____

Number of Adults (including applicant), 18 years of age and older: _____

Number of Children, 17 years of age and younger: _____

LIST ALL PEOPLE LIVING IN RESIDENCE – PLEASE CIRCLE IF DEPENDENT (ATTACH ADDITIONAL SHEET IF NEEDED)

- | | | | |
|----|------------|-----------|-----------|
| 1. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 2. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 3. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 4. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 5. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |

MUST PROVIDE A COPY OF YOUR UTILITY BILL

TOTAL COST OF UTILITIES IN THIS REQUEST: _____

Gas _____ Water _____ Sewer _____ Electricity _____

Amount Applicant is able to pay _____

Amount paid by City: _____

DESCRIPTION OF ECONOMIC HARDSHIP: _____

EVIDENCE OF ECONOMIC HARDSHIP, APPLICANT MUST PROVIDE: 1. Gov't Issued Identification 2. Document from most recent employer showing furlough, termination, job loss, position eliminated, copy of accepted unemployment filing; 3. Any other document showing economic hardship including, but not limited to, pay stub, income verification, and/or bank statement.

I affirm/certify that all the above and submitted information and documentation is true, accurate, and complete. I authorize the City of Clarkston to contact current and former employers, complex-property owner or other to confirm information/documents provided. Completing and submitting this application is not a guarantee that I will receive the rent payment assistance.

APPLICANT SIGNATURE & DATE

CITY REPRESENTATIVE & DATE