



City of Coeur d'Alene Utility Subsistence Program Application

Applicant Information

Full Name: _____ Date: _____
Last
First
M.I.

Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email _____

City Utility Account Number: _____

INCOME

Income: _____ Source of Income: _____
 (Monthly or Annually)

Income Limits

- Your gross household income (before taxes) must not exceed Federal Health & Human Services income guidelines for your area (see below):

Household Members	2	3	4	5	6	Additional Members
Gross Income (Annual)	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$5,550
Gross Income (Monthly)	\$3,716	\$4,183	\$4,645	\$5,020	\$5,391	\$463

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

SELF CERTIFICATION OF ANNUAL INCOME BY APPLICANT

INSTRUCTIONS:

This is a written statement from the applicant documenting annual gross income and number of members in family/household for the purposes of income determination. To complete this statement, use information from your most recent tax forms or other listed income source documents to fill in the blank fields below, and check only the boxes that apply to each household member. The applicant must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Income Information

List all household members, including applicant and all children:

Name	Income Source/s	Annual Gross Income
	<input type="checkbox"/> NO INCOME <input type="checkbox"/> W-2 <input type="checkbox"/> IRS Form 1040 <input type="checkbox"/> SSI documentation <input type="checkbox"/> TANF Documentation <input type="checkbox"/> Unemployment <input type="checkbox"/> Pay stubs <input type="checkbox"/> other:	
	<input type="checkbox"/> NO INCOME <input type="checkbox"/> W-2 <input type="checkbox"/> IRS Form 1040 <input type="checkbox"/> SSI documentation <input type="checkbox"/> TANF Documentation <input type="checkbox"/> Unemployment <input type="checkbox"/> Pay stubs <input type="checkbox"/> other:	
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ADDITIONAL FAMILY MEMBERS CAN BE LISTED ON THE BACKSIDE OF THIS FORM		
<i>Total number of household members:</i>	<i>Please note, annual household gross income <u>must</u> match your income source documentation</i>	<i>Total gross household income:</i>

I, _____, certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the administrator of funding.

APPLICANT		
Signature	Printed Name	Date

Please describe how the COVID-19 Pandemic has affected your ability to pay your city utility bills. Include information and dates regarding loss of income due to employment disruptions, illness, inability to work due to family illness or lack of childcare:

Please attach **2 latest months' bank statements** and income documentation including check stubs, unemployment benefits statements, and any other sources of income your household receives.