



COMMUNITY SERVICES OFFICE

of Hot Springs and Garland County, Arkansas

P.O. Box 1175, Hot Springs, Arkansas 71902

Phone (501) 624-5724 Fax (501) 624-164

2024 SUMMER ENERGY ASSISTANCE PROGRAM CHECKLIST

This is a program to assist Garland County applicants with utility bills.

Program Dates: *Monday, JULY 8, 2024, to Monday, September 30, 2024 (or until funds are depleted).*

➤ Complete **ALL** sections **and** include the following:

- Proof of income (earned and unearned) for all household members 18 years and older
 - This includes copies of paycheck stubs from the previous month **OR** current month, benefit award letter(s) for Social Security, SSI (this includes benefits received for children under 18), Retirement, Pension(s), Workman's Comp, Child Support, Unemployment Benefits
 - Self-employed applicants must provide the most recent Federal tax return. \$500 or less is considered inadequate income and requires an Odd Job form. **(Please request from staff.)**
- A **READABLE** copy of ID or driver's license
 - *(Other acceptable forms of ID include Voter Registration Card, Federal, State, or Local government issued ID card for health benefits, US Military card or dependent's card, Work or School ID with picture)*
- Copy of Social Security Card for applicant and adult household member(s), and social security numbers for each household member
- Birthdates must be listed for every household member
- A copy of your electric and gas bill**

NOTE: Accounts must be active. We cannot pay on pending final or final accounts.

- If utilities are included in your rent payment, include a current lease agreement, or signed letter on letterhead from the landlord is required.

IF YOU AND/OR HOUSEHOLD MEMBERS 18+ YEARS OLD DO NOT HAVE INCOME:

- You must obtain "proof of no income" statement from the Arkansas Workforce Services office (located at 201 Market St).
- Household members 18+ years old and currently enrolled in high school may submit a copy of their school ID or a letter from the registrar.
- If anyone outside of the household financially contributed to your household, you must provide contact information for the person who provided support. If no one has contributed any financial assistance to the household, please complete a Collateral Statement. **(Please inform staff.)**
 - *The Collateral Form and Zero Income form are required if the household has inadequate or zero income.*

NOTE: Applications missing required information will be returned for completion. Funds for this program are limited.