Action PART NERS NIP

COMMUNITY SERVICES OFFICE

of Hot Springs and Garland County, Arkansas P.O. Box 1175, Hot Springs, Arkansas 71902 Phone (501) 624-5724 Fax (501) 624-1645

2026 WINTER ENERGY ASSISTANCE PROGRAM CHECKLIST

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

Program Dates: Monday, JANUARY 5, 2026, to Thursday, APRIL 30, 2026 (or until funds are depleted).

Program Dates: Monday, JANUARY 5, 2026, to Inursady, APRIL 30, 2026 (or until tunds are depleted	J).
> Complete ALL sections in blue or black ink and include the following:	
□ Proof of income for all household members 18 yrs or older o Check stubs must show name, date paid and gross amount from the previous month OR current month. Award letter for the current year, 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 most recent Federal tax return. \$500 or less is considered inadequate income and requires an Odd Job form. (Please request from staff.) A copy of ID or driver's license 	
O (Other acceptable forms of ID include government issued ID card; health insurance card or employment ID; or birth certificate	
☐ Copy of Social Security Card for applicant and household members 18 yrs or older, and social security numbers for each household member	cial
☐ Birthdates must be listed for every household member	
☐ A copy of both your electric bill 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	
IF YOU AND/OR HOUSEHOLD MEMBERS 18+ YEARS OLD CLAIM ZERO INCOME: ☐ You must obtain an income verification printout from the Arkansas Workforce Services office (located at 201 Market St).	е
\Box Household members 18+ years old and currently enrolled in school may submit a copy of the school ID or a letter from the registrar.	neir
$\ \square$ If anyone outside of the household financially contributed to your household, a Contributio Statement must be completed.	n
o The Contribution Statement and Zero Income form are required if the household has an income of zero.	

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