TOWN OF DUTTON ANGEL FUND APPLICATION

Application ID: _____ Date Received: _____

1. APPLICANT INFORMATION

Full Name: _____

Service Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Utility Account #: _____

2. HOUSEHOLD INFORMATION

Total: ____ Adults: ____ Children: ____

3. HARDSHIP EXPLANATION

_____

_____

_____

_____

_____

_____

4. MONTHLY INCOME

☐ Under $1,000 ☐ $1,000-$2,000 ☐ $2,000-$3,000 ☐ $3,000-$4,000 ☐ $4,000+

Source: ☐ Job ☐ Unemployment ☐ SS/Disability ☐ Other _____

5. UTILITY STATUS

Amount Due: $_____

Past Due / Shutoff Risk: ☐ Yes ☐ No

6. REQUEST

Amount Requested (or needed to avoid shutoff): $_____

7. PRIOR ASSISTANCE

Received before? ☐ Yes ☐ No Date: _____

8. GOOD FAITH

☐ Yes willing to repay when situation improves ☐ No ☐ Unsure

9. ADDITIONAL INFORMATION
(Anything else you would like the council to consider in making their decision, please include any documentation that may corroborate your hardship status.)

_____

_____

_____

_____

_____

_____

10. SIGNATURE

Signature: _____ Date: _____