



Neighbors Helping Neighbors
City of Davenport
P.O. Box 26
Davenport, WA 99122
509-725-4352

Please Print

Name: _____

Address: _____ Phone: _____ D.O.B. _____

City Account # _____

Additional Household Members: _____

Employment Status: () Full-time () Part-time () Unemployed () Temporary () Seasonal () Retired
() Self-employed () Other

Income Information: Proof of income of applicant & ALL household members during the last 3 months:

SSI: \$ _____ Wages: \$ _____ Child Support: \$ _____ Income from other sources \$ _____ TOTAL \$ _____

Housing Status: () Rent \$ _____ per month () Own \$ _____ per month

Household Information: Number of people in home _____
of those aged 0-17 _____ # of those aged 18-61 _____ # of those over the age of 62 _____

Provide documentation needed for verification: Utility Bill: _____ Delinquency notice: _____
Rent receipt or letter from the landlord with proof of rent and deposit amount: _____

Briefly explain your financial situation as to why you are requesting assistance. Use the back of this form if you need more room:

I certify that the information I have provided on this application is accurate to the best of my knowledge. If I have provided inaccurate information on this application which results in my receiving assistance for which I am not entitled, I will be required to re-pay to the City of Davenport the full cost of the utilities paid. Further, I authorize the Neighbors helping Neighbors Committee to contact my previous and present landlords, utility company's, local government (City, County, Health District, DSHS, etc.), and social service agencies to obtain current information in regards to my request for emergency financial assistance.

Signature of Applicant

Date:
