

UTILITY REIMBURSEMENT PAYMENT FORM

Continuum of Care Participants: Depending on your household income and make up, the Continuum of Care Program may owe your household a monthly reimbursement for utility costs. If such reimbursement(s) are owed to you, they will be paid directly to the utility company of your choice in order to assist you in paying your utility bills.

Instructions: Please fill in the information requested below. We must have the name and address of your utility company and your account number in order to assist you. *Please provide a copy of your most recent utility bill to ensure accuracy.*

Participant Name: _____

Address: _____

Name of utility company you want your reimbursement to go to:

Address: _____

Your account number: _____

Please attach a copy of your most recent utility bill to this form.

I hereby instruct _____ (agency name) to send any utility reimbursements owed to me to the utility company listed above.

Participant Name

Participant Signature

Date