



BPUB SHARE Utility Assistance Program Application

Programs details at <https://www.brownsville-pub.com>

I am applying concerning the following qualification: ☐ Low Income

Have you been assisted by a BPUB Program in the last 12 months? ☐ Yes ☐ No If yes, select one ☐ SHARE

Customer Information

Account No. _____

Full name (Last, First, Middle) _____ ID # _____

Date of Birth (mm/dd/yyyy) _____ Age _____

Service Address _____
Street Unit City State Zip Code

E-mail _____ Home Phone _____ Mobile # _____

List of Additional Household Members

	Name	Date of birth	Relationship
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

Total Number in Household : _____ Use additional sheets if there are more than 6 members in the household

Income and Benefits (Check all that apply. Proof of income, unemployment or reduced hours is required)

- | | | | |
|--|---------------------------------------|--|--|
| ☐ No Income | ☐ Pension | ☐ Food Stamps | ☐ Medicare/Medicaid |
| ☐ Employed* | ☐ VA Benefits | ☐ General Assistance | ☐ Private Health Insurance |
| ☐ Unemployment Benefits | ☐ Social Security | ☐ Supplemental Security Income (SSI) | |
| ☐ Other Source of Income | ☐ Child Support | ☐ Temp. Assistance for Needy Families (TANF) | |

*If Employed, provide Employer's Name _____ Work Phone _____

Certification

My signature on this application gives my permission to BPUB or its authorized agents to verify any information I give about where I live, my jobs, income, resources, review utility services consumption, cost and billing information for program evaluation, operation, and/or reporting purposes. My signature also confirms my understanding that any Social Security number(s) given may be used in the administration of this program, including verification for cross matches with BPUB accounts, and that I may qualify but not be assisted because program funding has depleted or the program has been cancelled.

I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.

Signature of Applicant

Date

Signature of Case Worker

Date



DECLARATION OF INCOME STATEMENT (DIS)
(DECLARACION DE INGRESOS)

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Direccion)	City (Ciudad)	Zip Code (Codigo Postal)

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30-day period** prior to the date of application for assistance: *(Declare el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad o mas, y que no cuentan con documentacion de ingresos por los 30 días previos a la solicitud de asistencia.)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
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My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de las siguientes razones):*

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la informacion proporcionada de los ingresos es verdadera y correcta segun mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la informacion sera verificada hasta donde sea posible y que puedo ser enjuiciado por haber proporcionado informacion falsa o fraudulenta.)*

(Applicant Signature/Firma de Solicitante)

(Date/Fecha)