



Our mission:
"Neighbor helping neighbor to help strengthen families and communities within the City of Northglenn."

Utility and/or Mattress-Box Springs Disposal Assistance Programs Application

To be eligible to receive assistance with your Northglenn Utility bill or Mattress-Box Springs disposal, you must meet the following guidelines:

- Resident of Northglenn for at least 6 months
- You must provide **complete and accurate** information on the application form
- Report annual income for **ALL** household members
- Each household is eligible for assistance only one time annually

If you meet the above requirements, you may complete this application and mail it or drop it off at:

Northglenn City Hall
11701 Community Center Drive
Northglenn, CO 80233

I AM APPLYING FOR _____ **UTILITY ASSISTANCE** and / or _____ **MATTRESS-BOX SPRINGS ASSISTANCE**

Applicants Name: _____ Application No# _____ (assigned by NCF)

Address: _____ Zip _____

Phone: _____ eMail: _____

Northglenn Utility Account Number: _____

ALL APPLICATIONS MUST BE COMPLETE IN ORDER TO BE CONSIDERED FOR FUNDING. THIS REQUIRES THAT ALL FIELDS WITHIN THIS APPLICATION MUST HAVE A RESPONSE AND A COPY OF YOUR MOST RECENT CITY OF NORTHGLENN UTILITY BILL IS ATTACHED, IF YOU ARE APPLYING FOR UTILITY ASSISTANCE and/or MATTRESS-BOX SPRINGS DISPOSAL ASSISTANCE.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING.

Household Profile:

First Name (list all individuals living in the home)	Date of Birth	Age	Relationship to applicant	Medical Insurance Yes or No	Disabled Yes or No	Monthly Income for each person
			Self			
TOTAL HOUSEHOLD INCOME	*Amount must match the Total Monthly Income below					

Fill in ALL applicable fields with monthly dollar amounts received by any and ALL members of your household:

Type of Income:	Check this box if you have income from this source	Enter the monthly amount that is received
Employment/Salary/Wages		
Self Employment Income		
Unemployment		
Social Security or SSI		
Social Security Disability		
Pension		
VA Benefits		
Child Support		
Alimony		
Legal Settlement		
Other Sources of Income		
*TOTAL MONTHLY INCOME		

Type of Benefit:	Check this box if you have benefits from this source	Enter the monthly amount that is received
Section 8		
TANF		
AND/OAP		
Food Stamps		
Other Benefits		
TOTAL MONTHLY BENEFITS		

	Please explain how you are currently paying for the following items:
Lodging	
Utilities	
Food	
Other	

How many dependents do you claim on your tax return? _____

How long have you lived in Northglenn? _____

Housing status, circle one: Rent or Homeowner Monthly payment _____

Is your hardship due to medical expenses? Circle one: Yes or No

If inability to pay your Northglenn Utility bill and/or Mattress-Box Springs disposal is due to a hardship related to medical issues or disability please explain (in detail): _____

Describe the circumstances which brought about the shortfall with your Utility expenses and/or Mattress-Box Springs disposal expenses (in detail): _____

UTILITY ASSISTANCE: Do you need assistance with your **Utility Bill**? Circle one: Yes or No
(IF YES, PLEASE COMPLETE THIS SECTION FOR UTILITY ASSISTANCE)

Total Amount Due on your Northglenn Utility Bill: _____ Amount Past Due: _____

What is your average Northglenn Utility bill on a monthly basis? _____

Do you have a payment arrangement? Circle one: Yes or No

If Yes, what is the dollar amount that you can pay towards your bill? _____

Have you received a disconnect notice or shut off notice? Circle one: Yes or No

If yes, when are your utilities scheduled to be disconnected: _____

What is your plan to pay future Northglenn Utility bills? _____

Applications are reviewed at the beginning of each month, so applications must be submitted and received by the last business day of the month. Once the application has been received by the Northglenn Community Foundation (NCF), the application will be reviewed and grants will be awarded based on the NCF determination of need and available resources. You will be notified by mail about the status of your grant request after the applications are reviewed. The

grants that are receiving funding will have the funds applied directly to the recipient's City of Northglenn utility bill. If you have received a disconnect notice from the City of Northglenn, please contact the city immediately to establish a payment plan and then submit this application as soon as possible. Grants are awarded monthly; therefore, it is recommended that you make the appropriate financial arrangements.

Mattress/Box Springs Disposal Assistance: Do you need assistance for Mattress-Box Springs disposal?

(IF YES, PLEASE COMPLETE THIS SECTION FOR MATTRESS-BOX SPRINGS DISPOSAL ASSISTANCE)

Circle one: Yes or No

Please provide information & receipts for the following Northglenn city services for Mattress-Box Springs disposal:

_____ \$65 – Northglenn special pick-up for first two Mattress-Box Springs items, \$20 for each additional piece
_____ total pieces = \$ _____ total

_____ \$25 each piece dropped-off at Northglenn Yard Mulching Center
_____ total pieces = \$ _____ total

Northglenn Community Foundation will review your application and receipts. Grants will be awarded based on the NCF determination of need and available resources. You will be notified by mail about the status of your grant request after the applications are reviewed. The grants that are receiving funding will have the funds applied directly to the recipient's City of Northglenn utility bill. NCF offering grant assistance for City services generally up to a maximum of \$65.

Additional assistance offering:

Are you in immediate need of **clothing** or small household items for family members? Circle one: Yes or No

May the Northglenn Community Foundation share your story to help raise funds for this program?
(your identity will remain confidential.) Circle one: Yes or No

I hereby certify that this information is correct to the best of my knowledge. I authorize the reproduction and verification of this information. I give my permission to the Northglenn Community Foundation to exchange information regarding my application with appropriate resources in order to process my request for assistance. I specifically authorize the City of Northglenn to provide any necessary information from my utility billing account with the City to the Northglenn Community Foundation. I understand that by doing so, I am waiving the protections otherwise available to me pursuant to C.R.S. 24-72-204(3) (a) (IX) regarding the confidentiality of such information. I recognize that the services provided on the part of the Northglenn Community Foundation are subject to available resources. I understand that the decision of the Northglenn Community Foundation Grant Assistance Program are final and may not be appealed; however, future applications may be submitted for consideration. Finally, I swear or affirm that I am a U.S. citizen or a permanent resident of the U.S. or lawfully present in the U.S. pursuant to federal law. I further acknowledge that making a false, fictitious, or fraudulent statement or representations in this sworn affidavit is punishable under criminal laws of Colorado.

Signature

Date

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