



## REQUESTS FOR HOUSEHOLD UTILITY ASSISTANCE

This service consists of ESFSG funding for eligible requestors to help pay utility bills related to household gas, electricity, and water.

Utility assistance is a one-time amount paid directly to utility companies. **Submit your unpaid bill with your application request to [funding@exousiahouseofgeorgia.org](mailto:funding@exousiahouseofgeorgia.org).**

### **ELIGIBILITY**

You must have an annual income below 30 percent of the median family income for the Georgia county where you reside.

**Submit your latest three months of pay stubs to [funding@exousiahouseofgeorgia.org](mailto:funding@exousiahouseofgeorgia.org).**

**See the Family Income Chart Below.**

**Family Income Chart**

Family Size	Below 30%
2	\$24,550
3	\$27,600
4	\$30,650
5	\$33,150

1. Your current living conditions **must meet “one”** of the following circumstances:
  - Has moved because of economic reasons two or more times during the 60 days immediately preceding the need for ESFSG assistance homelessness prevention assistance.
  - Is living in the home of another because of economic hardship.
  - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance.
  - Lives in a hotel or motel, and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals.
  - Lives in a single-room occupancy or efficiency apartment unit in which they reside with more than two persons or lives in a larger housing unit with more than 1.5 people per room, as defined by the U.S. Census Bureau.
  - Is exiting a publicly funded institution or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution);
  - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.
2. A family who will imminently lose their primary nighttime residence if:
  - The primary nighttime residence will be lost within 21 days of the date homeless assistance is sought
  - No subsequent residence has been identified

- Your family lacks the resources, family, friends, faith-based or other social networks needed to obtain other permanent housing
  - Your family has not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the request for homeless assistance
  - Your family has experienced persistent instability as measured by two moves or more
- 

**FULL NAME** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Address:** \_\_\_\_\_  
**CITY** **STATE** **ZIP**

**Household Utility Requested:** Gas  Electric  Water

**Amount Requested** \_\_\_\_\_

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