



CITY OF RAYMOND UTILITIES FUND

Application Form

Basic Information:

Name:		Date:
Street and or Mailing Address:		
City:	State:	Zip:
Email:		Phone: Cell:

Household and Income Information

# of Adults in the household:	How was your household impacted by COVID-19?	
# of children (under 18) in the household:		
Please answer all wage questions using monthly totals for all adults in the household		
Wages/Salary:	Social Security:	
SSI:	TANF:	GAU:
Unemployment:	Retirement:	Veteran's assistance:
Food Stamps:	Other:	Total monthly income:

SIGNATURE OF APPLICANT: _____

UTILITY ACCOUNT NUMBER: _____