

SAFE PROGRAM AUTHORIZATION FOR PAYMENT

County: _____

1. Name _____
2. Address _____
3. City _____ Nv./Calif. Zip _____
4. Telephone Number (_____) _____
5. Account No. _____
6. Social Security No. _____
7. No. in household _____
8. Combined monthly household income (gross): _____
9. Is head of household unemployed? _____ How long? _____
10. Do you have a cut-off notice from utility? _____
11. Have you applied for assistance from other sources within the past year? _____

For Official Use Only
Eligible <input type="checkbox"/> Ineligible <input type="checkbox"/>
Amount Obligated _____
Authorized By _____
Comments _____

Signature _____

Date: _____