

CITY OF ABERDEEN, MARYLAND
FINANCIAL HARDSHIP PROGRAM

REQUEST FOR FINANCIAL ASSISTANCE

Account Number _____ Date: _____

Phone Number: _____

Name: _____
Last First MI

Address: _____

Male Female Married Single

Number in Household: _____ Household Income: \$ _____ \$ _____
Monthly Annually

Amount of Outstanding Bill:

Sewer \$ _____

Water \$ _____

Other: _____ \$ _____

Total \$ _____

Reason for Request:

Extra-ordinary circumstances (Please give brief explanation below):

Medical Condition (Please give brief explanation below):

Other (Please give brief explanation below):

Have you applied for assistance before? Yes No

Signature: _____

**CITY OF ABERDEEN, MARYLAND
FINANCIAL HARDSHIP PROGRAM
INFORMATION YOU WILL NEED TO APPLY FOR THE PROGRAM**

ALL APPLICATIONS MUST BE SUBMITTED WITH THE FOLLOWING:

1. **Picture ID of Applicant**
Driver's License or other picture identification

2. **Proof of Residence**
Renters – Copy of first and last pages of lease agreement
Homeowners – Copy of title, mortgage or tax bill

3. **Proof of ALL your household TOTAL Gross income for the last 30 days**
 - A. Pay stubs (last 2 stubs for bi-weekly pay periods, or last 4 stubs for weekly pay periods.)
 - B. Unemployment benefit letter or check stubs
 - C. Social Security, Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) award letter (you may submit copy of bank statement showing automatic deposit)
 - D. Retirement, Pension, Dividend, Annuity award letter
 - E. Child support
 - F. Temporary Cash Assistance (TCA) or Transitional Emergency, Medical or Housing Assistance
 - G. Other

4. **Utility Bill**
A copy of your most recent utility bill

5. **Application Deadline**
Applications must be submitted at least one week before the bill due date

GENERAL

Any assistance provided will be a one-time assistance.