



CITY OF  
**SANFORD**  
PUBLIC WORKS & UTILITIES  
DEPARTMENT

**City of Sanford  
Utility Division  
Good Neighbor Utility Funds Assistance  
Preliminary Application**

OFFICE USE ONLY  
Approved: \_\_\_\_\_  
Assistance Amount: \_\_\_\_\_  
Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Owner of Home (If different from account holder): \_\_\_\_\_

**Head of Household**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Property for Assistance: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Alternate \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Household Occupants (Other than Husband/Wife)**

Name/Relationship	Sex/Age

**Employment Information**

Head of Household Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Circle: Weekly / Monthly / Yearly

Position Title \_\_\_\_\_ Income \_\_\_\_\_ Years Employed \_\_\_\_\_

**Employment continued.**

Other Income/Assets:

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Circle: Weekly / Monthly / Yearly

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Circle: Weekly / Monthly / Yearly

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Circle: Weekly / Monthly / Yearly

**Additional Income (Other than Husband/Wife)**

Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Circle: Weekly / Monthly / Yearly

Amount: \_\_\_\_\_

Nature of Emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Assistance Received for Emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_