



CITY OF LITHONIA

CARES ACT

ENERGY/RENT/MORTGAGE

Name: _____

Address: _____

Telephone Number: _____

Cell Number: _____

Email Address: _____

Have you experienced a hardship due to COVID-19? Yes No

If yes, please provide details pertaining to your hardship:

I am applying for assistance with my Rent Mortgage

Rent/Mortgage Own

If Renting, is your energy cost included in your rent payment Yes No N/A

If yes, please attach a copy of your lease Statement that indicates utilities are included in your rent and provide the name and contact number of your landlord.

If you are eligible, a payment will be sent to your energy provider. Please include a copy of your utility bill.

If you are applying for Rental/Mortgage assistance, please provide a copy of your most current statement.

Energy Provider: _____ Account Number _____

Rental Provider/Mortgage Provider _____ Account Number _____

Is this account closed? Yes No

If the account is not in your name, please provide proof of residency.

Disclosure Statement:

I, _____ do hereby make an application for the City of Lithonia Rent/Mortgage and Energy assistance grant. I verify that the information in this application is valid and correct. I verify that I have reviewed and understand the requirements for this grant, and I agree to be

bound by the same. I understand that I must be a resident of the City of Lithonia and provide documents that support my hardship. I am aware that the amount of assistance is up to \$1000.00.

I understand that the receipt by the City of Lithonia of my application does not obligate the City of Lithonia in any way or indicate that my application will be approved. I understand that furnishing false or misleading information can lead to denial of my application and/or restrict me from receipt of any funds.

Printed Name: _____

Signature: _____

Date: _____

****Please include a picture ID**