



Utility Assistance Grant Application

Incomplete applications will not be considered. If you do not meet the following criteria, do not proceed with this application.

- Be a Newnan Utilities customer
- Lost employment and income due to COVID-19 or;
- Saw a decrease in income due to COVID-19 or;
- Saw a temporary loss of income due to illness/diagnosis of COVID-19

PERSONAL INFORMATION

Newnan Utilities Account Number (on upper right area of your statement)*

Name*

First Name

Last Name

Service Address*

Address Line 1

Address Line 2

City

State

ZIP Code

Phone*

Alternate Phone (optional)

Email

How many people in household?*

Ages of others in household

REQUEST

Date of Application*

Amount of Request - Up to 50% of your monthly bill, cannot exceed \$100*

\$

EMPLOYMENT INFORMATION

Is Applicant Currently Employed?*

☐ Yes

☐ No

If not currently employed, list most recent employers in the MONTHLY INCOME section below

If applicable, is applicant's spouse/co-applicant currently employed?*

☐ Yes

☐ No

☐ Not Applicable

If applicant's spouse/co-applicant is unemployed, please explain why

MONTHLY INCOME

Applicant Employer #1

Applicant Employer #1 Address

Address Line 1

Address Line 2

City

State

ZIP Code

Applicant Employer #1 Dates of Employment

Applicant Employer #1 Monthly Income

\$

Applicant Employer #2

Applicant Employer #2 Address

Address Line 1

Address Line 2

City

State

ZIP Code

Applicant Employer #2 Dates of Employment

Applicant Employer #2 Monthly Income

\$

Employment of Others in Household - Name of Household Member

First Name

Last Name

Others in Household - Employer

Others in Household Employer Address

Address Line 1

Address Line 2

City

State

ZIP Code

Others in Household Dates of Employment

Others in Household Monthly Income

\$

Attach Proof of Income (Example: W-2, Most Current Pay Stub, 1099 or contract employment agreement)*

Other Assistance (if applicable). List social service agencies you have contacted about assistance or from whom you are currently receiving assistance (DFCS, Unemployment, etc.). Include dollar amount of assistance and if it is confirmed or requested.

Is the applicant or others living in the household receiving any other form of assistance or aid (donations, insurance, etc.)?

☐ Yes

☐ No

If yes, please list

Important Information & Signature

The information contained in this application is for the purpose of obtaining funding from the Newnan Utilities Foundation on behalf of the applicant. Each applicant understands that the information provided in this application is used to determine financial assistance exclusively for utilities provided by Newnan Utilities. The applicant(s) guarantees that the information provided in this application is true and complete and that the Newnan Utilities Foundation may consider this application as continuing to be true and correct until a written notice of change is provided. The Newnan Utilities Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of this application.

Action of the Board of Directors of the Newnan Utilities Foundation is final.

Applicant hereby releases Newnan Utilities and the Newnan Utilities Foundation, its directors, agents, and employees from any and all claims for damages to applicant and applicant's agents as to privacy matters, which claims are hereby expressly waived; further, applicant and applicant's agent release Newnan Utilities and Newnan Utilities Foundation, its directors, agents, and employees from any and all claims for damages to applicant and applicant's agent in the event Newnan Utilities Foundation should deny the application which claims are hereby expressly waived.

Signature of Applicant *

Applicant Signature Date/Time

Signature of Spouse/Co-Applicant

Spouse/Co-Applicant Signature Date/Time

Incomplete applications will not be considered. Include all required documentation.

Applications will be reviewed by the Newnan Utilities Foundation Board of Directors on a weekly basis and customers will be notified of the Board’s decision within 14 days of receipt of application by phone, email, or direct mail.

If approved, you are eligible to receive up to 50% of your monthly bill with a maximum of \$100.00. This grant will be available only one time per customer.

Applications may be completed and submitted online at NewnanUtilities.org, mailed to P.O. Box 578, Newnan, GA 30264, or dropped off Monday – Friday from 8am-5pm at Newnan Utilities’ Main Office drive thru at 70 Sewell Road. Please direct to the attention of:
Gina Weathersby, Community Relations and Programs Manager.

Funding for this program was made possible by a very generous donation specifically for this cause, and is limited. Notification will be given via the Newnan Utilities website and social media once funds have been depleted.