

**Utility Request Form**

**Date:** \_\_\_\_\_ **Staff Person:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Utility Company:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

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

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

*If Applicable:*

**Other Instructions/Information:** \_\_\_\_\_

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



**Utility Reimbursement (Circle)                      YES                      NO**

*In the event the program participant's rent portion results in a negative number after the standard utility allowance has been deducted, the program will pay the difference directly to the utility company on the participant's behalf with their consent:*

**I authorize The AIDS Foundation of Chicago/The Center for Housing and Health to pay the following utility reimbursement amount(s) directly to the utility company each month on my behalf:**

**Monthly Payment Amount:** Electric \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Other (Specify) \$ \_\_\_\_\_

Participant Name \_\_\_\_\_ Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Manager Name \_\_\_\_\_ CM Signature \_\_\_\_\_ Date \_\_\_\_\_